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ABSTRACT

This journal provides abstracts of 150 documents included in the data base of Project SHARE, a national clearinghouse for improving the management of human services. These documents are on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services. Abstracts, arranged in alphabetical order by author, include this information: title, publication date, number of pages, order number, availability, and a summary of content. Other parts of the journal are an alphabetical list of corporate authors, an alphabetical list of document titles, and a subject index. The index is a guide to the abstracts by specific subject category with cross-references from synonyms to preferred terms. This issue also contains lists of documents, in alphabetical order by title, in the January, April, and July 1982 journals. The 1982 cumulative (subject) index is also provided. (YLB)

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VOLUME 7 NUMBER 4 October 1982

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Journal of Human Services Abstracts

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A National Clearinghouse for Improving the Management of Human Services

CE 034 335

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Preface

About This Journal

The *Journal of Human Services Abstracts* is published quarterly by Project SHARE, a National Clearinghouse for Improving the Management of Human Services. Project SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern to those responsible for the planning, management, and delivery of human services. Project SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

Each *Journal* announces 150 of the documents included in the Project SHARE automated data base. Additional documents acquired by SHARE are published in bibliographies on selected topics. The documents announced in SHARE's publications are restricted to those documents actually acquired by Project SHARE and are not meant to provide comprehensive coverage of the field.

How To Use This Journal

The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves, arranged in alphabetical order by author; an alphabetical list of corporate authors; an alphabetical list of documents; and a subject index. The index provides a timesaving guide to the abstracts by specific subject category. The categories will be listed alphabetically and will include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. These are not to be confused with the document accession and ordering numbers which appear at the left of the last line of each citation (see example below).

Older persons (transportation for)
See Transportation for disabled or older persons
Organization, coordination, and communication re services delivery
329
Organization/administrative arrangements re human services delivery
358,370,429
Organizing for human service planning for the elderly
409
Organizing for local human service planning
331,352
Outpatient health services
347,363,383
Outpatient mental health services
448
Outreach techniques for rural areas
309,352,354,371,372
Outreach techniques for urban areas
354

As can be seen, one document is relevant to at least two of the subject categories — abstract number 352.

(Sequential abstract no.) **352.** Graubarth, Robin P.
National Women's Health Network, Washington, DC.
Rural Health Issues Committee.
Patterns for Change: Rural Women Organizing for Health.
Jun 81, 63p
(Order number) **SHR-0009306** Available from National Women's Health Network, 224 7th Street SE, Washington, DC 20003.

In the above examples we see that abstract 352, entitled *Patterns for Change: Rural Women Organizing for Health*, was written by Robin P. Graubarth, and underwritten by the National Women's Health Network, that the manual was published in June 1981, and that it is 63 pages long. We also see that the manual is available from a private publisher, the National Women's Health Network, and an address is given where fee or ordering information can be obtained. If the document were available from Project SHARE or NTIS, the statement would say "Project SHARE" or give the paper copy and microfiche copy prices if available from NTIS. The actual abstract of the document would immediately follow these citation data.

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Reference requests for customized, annotated bibliographies tailored to the user's needs will be filled for $30. Standard search requests are $5. Searches are generated primarily from the Project SHARE data base. Responses are also augmented through the use of other data resources available to the Clearinghouse's reference staff.

Reference requests may be initiated by calling or writing Project SHARE.

A Note to Readers

Any questions, comments, or criticisms you may have concerning the *Journal of Human Services Abstracts* or Project SHARE should be addressed to Ms. Eileen Wolff, Project Officer, at the following address:

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Rockville, MD 20852
(301) 251-5170

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Abstracts

451. Alkin, Marvin C.; Daillak, Richard; and White, Peter.
California Univ., Los Angeles. Center for the Study of Evaluation.
Using Evaluations: Does Evaluation Make a Difference?
1979, 269p
SHR-0008975 Available from Sage Publications, Inc., 275 South Beverly Drive, Beverly Hills, CA 90212.

This book, presenting the results of five extensive case studies of school programs and their evaluations, examines the influence of the evaluations upon program decisionmaking and program operation. The analysis uses a broad definition of utilization and impact based on the idea that an evaluation has gradual influence on administrators' perceptions of their programs that may slowly change the course of program decisionmaking in concert with other forces. A series of interviews were held at each site with the evaluator, the program director, and one or two others. By piecing together the different points of view from the various interviews, a detailed account of the impact of the evaluation was constructed. Prior to publication, the case study drafts were circulated to the interviewees themselves as a form of field validation of the authenticity and accuracy of the case study report. The study found that evaluation does influence programs, though often in ways that have been overlooked by other researchers. An analytical framework of how and why utilization occurs is presented and the various forms that evaluation influence takes are delineated. The framework is comprised of eight categories: preexisting evaluation bounds, orientation of the users, evaluator's approach, evaluator credibility, organizational factors, extraorganizational factors, information content and reporting, and administrator style. It is contended that the case study descriptions generated this framework and that these detailed descriptions of events that the framework seeks to analyze and explain can be used to test the adequacy of the framework. Tables, notes, and 33 references are given. Sage Library of Social Research, volume 76.

452. Allin, Robert B.; and Allin, Diana W.
Chesterfield Mental Health and Mental Retardation Services, VA.
Home Intervention Program: A Service Delivery Program Involving Intensive Home Based Treatment Interventions With Mentally Retarded/Emotionally Disturbed Individuals and Their Families.
1982, 203p
SHR-0009616 Available from Chesterfield Mental Retardation Services, Attn: Bob Allin, PO Box 92, Chesterfield, VA 23832.

The Home Intervention Program, developed from a concern at local and State levels to provide services specifically for individuals with mental retardation and emotional disturbance, is a cooperative effort between the Mental Retardation Services and the Mental Health Center of Chesterfield County, Va. A 2-year project was set up to research, design, implement, and evaluate a unique model of service for this traditionally underserved population. Participants included families or "acting families" with a mentally retarded member who presented abusive and/or disruptive behaviors at home. Working in the natural environment, a husband-wife therapist team spent 80 to 100 hours per family over a 3-month period to assess the problem and implement a treatment plan. Therapist involvement typically included training significant individuals in the use of behavioral and / or communicative techniques that were tailored to meet special needs and situational demands. Information on retardation and realistic expectations were provided, and psychodynamic issues at individual and family levels were given attention. Results indicated high levels of success in eliminating or decreasing presenting problem behavior, increasing independence and personal responsibility, and reducing parents' overwhelmed feelings and tendencies to overprotect. Advantages and limitations of the program model are discussed in addition to issues regarding characteristics of the population studied, factors relating to the provision of

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treatment, and the extent of consumer satisfaction with the program. Figures, tables, and about 70 references are provided. Study forms, information, and checklists are appended. Author abstract modified.

453. Almy, Timothy A.
Georgia Univ., Athens. Dept. of Political Science.
Structuring Intergovernmental Coordination: MARTA and the City of Atlanta.
Jul 79, 24p
PB81-154791 Available NTIS PC $6.00/MF $4.00

This report discusses how the city of Atlanta, Ga., and the Metropolitan Regional Transit Authority (MARTA) established arrangements to facilitate the building of a rapid rail transit system while protecting the interests of Atlanta residents by creating a MARTA coordinator in city hall. Pressures for cooperation between MARTA and the city are highlighted, and origins of the coordinator position are traced. The responsibilities and organization of the coordinator's office are reviewed, as is its role in facilitating interchanges between MARTA and Atlanta. Particular attention is focused on political conflicts between MARTA and the mayor's office and concerns from city agencies that MARTA was pushing transit designs too fast to adequately assess their impact on the city. MARTA in turn complained that city reviews were delaying construction. To reduce review time, the coordinator finally required that each city department identify a MARTA contact person who would be responsible for quick replies to the coordinator. Observations of MARTA officials and the city staff on the usefulness of the coordinator position are presented. University Research Case Studies, no. 3.

454. Alpha Center for Health Planning, Bethesda, MD.
Long-Term Care Resources.
1982, 100p
SHR-0009423 Available from Alpha Center, Reference Service, 7316 Wisconsin Avenue, Suite 400, Bethesda, MD 20814.

This document provides an overview of existing methodologies for developing long-term care services and then describes an innovative approach taken by the Central New York Health Systems Agency (NYHSA). Assessments of the present long-term care delivery system indicate that it is costly, ineffective, fragmented, and biased toward nursing homes. Many agencies view community support services as a possible solution, but few have taken a systems approach to their development. Methodologies that focus on the availability of nursing home beds are reviewed, followed by a discussion of factors that should be considered when estimating and projecting needs. The NYHSA approach recognizes the interdependent nature of institutional and noninstitutional services and addresses skilled nursing facilities, health-related facilities, residential care, home health care, and personal care services. Other strengths include its use of small areas for analysis and the assumption that community-based alternatives should be substituted for nursing home beds whenever possible. An outline of steps in the application of this method covers calculating the needs for types of services, the impact of system performance factors such as patient backup and turnover, relationships among long-term care settings, and needs of special populations. Additional considerations that planners may want to examine are identified, including data sources and methodological limitations. Supplemental materials used in the NYHSA approach are appended, such as definitions and predictive models. Footnotes, tables, and charts are included. Methodological Notes, note no. 2.

455. Antler, Stephen.
National Association of Social Workers, Inc., Washington, DC.
Child Abuse and Child Protection: Policy and Practice.

1982, 164p
SHR-0009428 Available from National Association of Social Workers, Publication Sales, 7981 Eastern Avenue, Silver Spring, MD 20910.

Twenty-three articles provide a comprehensive overview of issues in child abuse from the perspective of practice and policy, and document the need for multilevel intervention and for a variety of community resources to help families because of the many factors involved in abusive situations. Articles focusing on the nature and extent of the problem note the emphasis on clinical casework as the preferred helping method and suggest that abuse and neglect are directly and inextricably linked to economic status. A review of methods used in the treatment of abusing parents compares various clinical methods for the treatment of child abuse and offers guidelines for their use in different types of family situations. Other articles focus on treatment designed to equip parents with basic skills in child rearing and family management; the use of homemakers to supply both physical services and friendship; and the mutual support group, Parents Anonymous. Other approaches described include the use of trained lay therapists to give personal support to clients at any hour required, the use of volunteers as mentors to parents, and services to older children and adolescents. The problems of childhood sexual abuse and of the protection of confidentiality of client records are also explored. Articles focusing on child protective workers examine the causes and relief of burnout, the concept of leaderless support groups among professionals, the need to protect workers, and the use of authority and coercion in protective services. Discussions of policy issues focus on the lack of primary prevention efforts, the desirability of universal social services for families with young children, approaches to family policy that would assist families in child rearing, and approaches to child care for children under age 3 in five European countries. Chapter reference lists are provided. Readings in Social Work Series.

456. Arling, Greg.
Virginia Center on Aging, Richmond.
Impaired Elderly and Long Term Care Through the 1980's.
14 Aug 81, 42p
SHR-0009416 Available from Virginia Center On Aging, 830 East Main Street, Richmond, VA 23219.

This report reviews the conditions of impaired elderly in Virginia, the settings in which they live, and the proportion who receive long-term care through State-administered funds. Major information sources included a 1979 household survey of Virginia residents over 60, a research project comparing persons admitted to nursing homes or placed in other settings for care, and a 1981 State census of nursing home residents and persons on waiting lists for nursing homes. According to these data, only 103,000(13 percent)of the total elderly population had major difficulties in meeting basic daily needs. Approximately 71 percent of this impaired group lived at home, and most received care from family members. Many of the 17 percent who were in nursing homes had Medicaid coverage, while the 2 percent in geriatric mental health facilities were supported primarily by State-administered funds. Of the 10 percent in adult homes, most were self-supporting. Examination of the characteristics of the impaired elderly in the community showed that they were slightly younger, more likely to be married, and less likely to be female than persons in institutions. The impaired elderly usually entered an institution when deteriorating physical or mental health placed severe strains on the family caregiver. The survey of nursing home applicants revealed that this group had considerably lower economic resources than the total older population. Following projections of the elderly population in Virginia and the demand for nursing home care, the report discusses the roles of adult homes, in-home services, and day care in providing less costly alternatives for long-term care. Tables, figures, definitions of impairment, and estimates of nursing home demand and bed capacity between 1981 and 1990 are in-

456.

cluded. Special report to the Virginia General Assembly Joint Subcommittee (House Appropriations Committee and Senate Finance Committee) Studying Health Care Facilities.

457. Armstrong, David; and Warner, Patricia Cassidy.
Franklin/Hampshire Community Mental Health Center, Northampton, MA.
Elder Support Project: An Example of the Formal/Informal Coalition. Final Evaluation Report.
1982, 106p
SHR-0009619 Available from Consultation and Education Unit, Franklin/Hampshire Community Mental Health Center, PO Box 625, Northampton, MA 01061.

The Elder Support Project (ESP) is a primary prevention intervention based on the use of social networks as support for issues of aging and elders in the community. A basic ESP assumption is that any person who interacts with old people can contribute to, or detract from, the older person's sense of competence and self-worth. Three community consultants identified and established consultative relationships with key representatives of three rural communities' natural support networks over a 2-year period. The primary goal of the project was to offer the facilitation, consultation, and community education resources of a community mental health center to elders and their networks in a way that respected the interests of the community and retained the primary locus of responsibility within the community. Overall, the work of ESP carried significant impact on a wide range of social networks, from individual widowers helped by a central helping figure, to town organizations and councils on aging, to the area network of formal elder services. About 100 references are given; listings of project goals and ESP publications are appended. Author abstract modified.

458. Armstrong, Kay; and Heverly, Mary Anne.
Family Support Center, Yeadon, PA.
Demonstration of an Abuse and Dependency Prevention Program for Infants and Preschoolers.
Dec 81, 80p
SHR-0009372 Available NTIS PC $10.50/MF $4.00

This report describes and evaluates the Family Support Center, a 3-year program located in the Philadelphia, Pa., area and designed to prevent child abuse and developmental delays that could lead to dependency in adulthood. The center's model combined concepts and intervention approaches from the fields of child abuse, early child development, and education. Funding came from Federal, State, and private sources. The program's staff included social workers, pediatric nurses, educators, a parent educator, an occupational therapist, and a psychologist supplemented by support staff, board, and volunteers. The program's three phases included home-based services, such as counseling for parents and help in using specific services; a family school that provided educational activities for parents and children 2 days a week for 13 weeks; and a peer support group for parents along with followup counseling and referral and / or educational therapy in the home for children. Thus, the model included both direct services to parents and children and a planned and supervised opportunity for parents and children to interact and learn together. A total of 99 families with their 152 children, ages 4 and under, took part in the program between October 1, 1978, and September 30, 1981. Observations showed that positive changes occurred in the home environment and in parent-child interaction as a result of the program. Families' stress levels dropped significantly. Families that took part in all three phases of the program showed greater changes than other families. Children with speech delays especially benefited from the family school. A cost-effectiveness analysis revealed that the program provided a net savings of almost $300,000 per year to so-

ciety and added 113 additional healthy years of life. The model could be used by other agencies. Information about the program was disseminated through the media and numerous other means. Tables are included. Author abstract modified.

459. Baker, Marilia; Veagra, Saray de; and Witham, Patricia.
Boston Coll., MA. Graduate School of Social Work.
Education Cooperative and Its Applicability to Developing Countries.
1980, 64p
SHR-0009478 Available NTIS PC $9.00/MF $4.00

This report summarizes the experiences of three graduate students from Latin America at The Education Cooperative (TEC)—a collaborative effort among 10 Massachusetts school districts—and discusses the transfer of the knowledge acquired to actual practice in their respective countries. General characteristics of educational collaboratives are detailed, and TEC's history is reviewed. TEC has been involved in promoting greater understanding of regional resources in special education and identifying existing materials, facilities, and programs in member districts. Each graduate student was assigned to a different TEC project: the career education program aimed at integrating classroom knowledge with the world of work; the career opportunities program, an effort to provide career opportunities to junior and senior high school students with developmental disabilities; and a model training program for parents of young children with special needs and professionals who work with these children. The report describes each project as well as the individual intern's activities. It then discusses the replication of these programs in Brazil, Chile, and Panama. Basic information about each country is provided. The final section examines the applicability of the collaborative concept to developing countries. Tables, charts, and references are provided.

460. Barker, Linda Toms; and Meek, Carol.
Berkeley Planning Associates, CA.
Analysis of Section 504 Technical Assistance Needs in Sheltered Workshops.
6 Apr 81, 82p
SHR-0009401 Available from Claudia Adams, Office of Civil Rights, DHHS, Room 5006, 330 Independence Avenue SW, Washington, DC 20001.

A literature review and site visits to nine selected sheltered workshops were used to gather information on sheltered workshops' needs for technical assistance to improve their compliance with Section 504 of the Rehabilitation Act of 1973. Section 504 is one of a series of laws aimed at securing for disabled people the opportunities and entitlements enjoyed by their nondisabled counterparts. The literature review and discussions with experts in related fields confirmed that sheltered workshops do have unique compliance problems, highlighted the major issue areas, and identified exemplary programs that might serve as models. The site visits revealed that most sites were relatively unfamiliar with the Section 504 provisions but used many practices that were directly relevant to the regulation's intent. Twenty practices were identified as being the most important to Section 504 compliance. Among these were explicit eligibility criteria, periodic reevaluation of client progress, individualized program planning with client involvement, program accessibility, formal wage-setting mechanisms, and grievance procedures. Five categories of technical assistance needs were identified: (1) providing information, (2) establishing criteria for compliance, (3) training, (4) funding, and (5) establishing a demonstration program. Specific technical assistance activities that the Office of Civil Rights of DHHS is advised to undertake include disseminating basic information about Section 504 provisions and their implications for sheltered workshops, establishing a clearinghouse for information about innovative methods and successful practices, providing onsite training in such areas as effective case management

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and use of community resources, and establishing specific compliance standards in such areas as client monitoring and wage-setting mechanisms. Footnotes, a table, and 42 references are provided. Author abstract modified.

461. Becker, Carol Moody; Matthew, Barbara; and McNickle, Larry.
United States Conference of Mayors, Washington, DC.
Community Education and Services to the Elderly.
1978, 16p
SHR-0009453 Available from Pima Council on Aging Library, 100 East Alameda, Suite 406, Tucson, AZ 85701.

This report discusses the ways in which community education can benefit both elderly persons and the relationships between municipal governments and school districts, describes several existing community education programs involving the elderly, and presents guidelines for starting such a program. Community education entails the total involvement of all segments of a community and makes the school the center of the community's academic, social, cultural, recreational, and educational life. The community education concept offers mayors a means to approach their schools on a positive basis and to eventually work on such broader issues as job development and the delivery of human services. Community education programs offer an especially effective means for cities to deliver services to the elderly as well as a way to use senior citizens as valuable volunteers. Day care programs for the elderly as well as social and health services can easily be incorporated within a school building. Educational programs for the elderly can improve the quality of their lives. Elderly persons can also contribute to community education by serving as tutors and school librarians, by helping their peers through such services as shopping and transportation, and through aiding the management of public and nonprofit agencies. Many cities are already serving and involving the elderly through community education. Community education programs can provide a permanent social structure to which newcomers and long-term residents can relate. To start a program, the mayor, school superintendent, and school board president should confer on the best means to administer the program. A task force, consortium, and administrative coordinating committee are also desirable to develop and administer the program. A list of resource organizations is provided.

462. Berkeley Planning Associates, CA.
Policies of Private Employers Toward the Disabled: A Review of Current Programs and Relevant Literature.
Feb 80, 143p
SHR-0009466 Available from Berkeley Planning Associates, 3200 Adeline Street, Berkeley, CA 94703.

A literature review and interviews with Federal officials, State administrators, and private employers formed the basis for this study of current policies and practices regarding the employment of handicapped persons. The study focused on four issues: (1) whether disabled persons are more, less, or as productive as other nondisabled workers when given the chance to take a given job; (2) whether employers are less willing to hire the disabled because of perceived greater costs, customer reaction, personal prejudice, the reaction of fellow workers, union rules, or other reasons unrelated to the individual's ability to do the job; (3) job modifications that private employers are willing to make for disabled persons; and (4) fringe benefits available to disabled persons and these benefits' inclusion on employer costs and employment decisions. A review of the extent to which disabled individuals are included in the labor force is followed by a discussion of a number of public and private programs that enhance the position of disabled persons with respect to employment. An examination of specific barriers to employment faced by handicapped per-

sons focuses on the four areas emphasized in the study. Findings show that the handicapped continue to represent a disproportionate share of the Nation's unemployed persons. Although many factors leading to this situation are not subject to policy manipulation, unfounded fears regarding the productivity and employability of the disabled as well as other concerns have created far less than a positive environment for handicapped persons. Limited demonstration projects are identifying effective strategies for promoting handicapped persons' employment. Lists of research and policy issues, 125 references, and a review of British literature on employment problems of physically disabled persons are provided.

463. Billings, Gloria.
Alternatives to Nursing Home Care: An Update.
1982, 10p
SHR-0009536 Pub. in Aging n325-326 p2-11 Mar/Apr 82.

The article surveys various types of alternative care for the elderly, including domiciliary care, home health care, community day care, and hospice care, and notes (in some cases) their cost effectiveness and level of client satisfaction. One study indicates that from 10 to 40 percent of aged nursing home residents could return to the community if appropriate support services were available. Domiciliary care facilities, which provide a variety of living arrangements and a wide array of basic services to disabled persons, have become more numerous recently and tend to serve younger male patients. Home health care can be an ideal form of alternative care. Home health care users consistently score higher in contentment and psychological well-being than to institutionalized users of long-term care. One of the newer alternative services, medical day care for adults, helps the elderly receive medical care while living at home and maintaining their social ties. One study found that the daily costs for day care clients exceeded those for nursing home residents, but costs per "episode" of care were lower largely because fewer days of care were used. Hospice care, which addresses the special needs of dying patients and their families, is also available to the elderly. The coordination and management of long-term care (the channeling concept) need to be improved, and a national channeling demonstration project is currently underway as part of DHHS' long-term initiative. It is generally believed that a significant proportion of patients can be treated in the community at a per diem cost lower than in a nursing home. Studies illustrate these cost savings.

464. Blume, Richard.
Social Services Research Inst./Welfare Research, Inc., Washington, DC.
Foster Care in the United States: The State-of-the-Art.
Nov 81, 57p
SHR-0009382 Available from WRI, Suite 810, 112 State Street, Albany, NY 12207.

This paper summarizes the current state-of-the-art regarding foster care services in terms of research, current policies and problematic issues, and Federal funding and legislation. The primary reason for foster care is parents' unwillingness or inability to continue caring for their child. A frequent cause of placement is inadequate housing and other financial strains that threaten the child with basic deprivation. Problems of the foster care system are that length of placement is rarely specified, that some children remain in care for as long as 4 and 6 years, that children change homes frequently, and that 100,000 children in foster care are awaiting adoption. In addition, too many children are institutionalized while others are placed at great distances from their parents' home. The current effort is to avoid foster care through preventive services to troubled families and to terminate foster care by returning children to their biological families as soon as possible. Family counseling and reliance on extended family networks are principal assistance techniques.

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Many States are also implementing stronger foster care systems with the goals of reuniting families through caseworker performance standards and sanctions, computerized tracking systems, client contracts, and provision for parental visiting. Troublesome issues with the system concern the legal rights of parents and children, inappropriate placements and institutionalizations, and overrepresentation of disadvantaged minorities in the system. The crucial shortcoming in Federal involvement with foster care is that the program operates without regard to services required or linkages with other child welfare and social service programs. A 1980 reform proposal aims to shift fiscal incentives away from prolonged placement towards maintaining children in their own or permanent adoptive homes. A 52–item bibliography is given.

465. Bokser, Kallia.
New York City Housing Authority. Office for the Aging.
Senior Resident Advisor Program: A First Step in a Continuum of Care.
Jun 82, 89p
SHR-0009620 Available from New York City Housing Authority, Office for the Aging, 250 Broadway, New York, NY 10007, Attn: Kallia Bokser.

A 3–year longitudinal study evaluates the effectiveness of the Senior Resident Advisor (SRA) program in New York City. It includes 5 sites housing an elderly population of 1,268, under the auspices of the city's Housing Authority (NYCHA). Of the total residents, 52 percent were frail, impaired, and 75 years and older. The project intends to develop an onsite, simple, low–cost, maximally flexible, service delivery system to maintain physically and / or mentally impaired elderly living in NYCHA developments, thereby limiting premature and unnecessary institutionalization. The project provides 24–hour crisis intervention, linkage and coordination with other community–based aging services, monitoring and quality control of in–home services by community providers, services tailored to individual needs, and increased social contacts to reduce isolation. Services are provided at one–stop centers located at each site. Project staff keep personal and health histories on each tenant, develop individualized care plans, and maintain followup and progress reports. A monitoring system is based on buddy concepts, with routine daily tenant contact through the floor captain. The study compared the five program sites with three other similar NYCHA developments. Results indicate that the program is successful in preventing institutionalization among SRA tenants, even though the experimental group includes more physically impaired residents than the control group. Perceived support networks are also significantly greater among the experimental group. The model is cost effective when shelter subsidies are included. Tables and a 35–item bibliography are included; additional data are appended.

466. Boyenga, Kirk W.
Industry as a Medium for Delivery of Counseling and Other Human Services.
Nov 80, 20p
SHR-0009407 Available from Burrel Community Mental Health Center, PO Box 1611 SSS, Springfield, MO 65805.

This paper discusses the need for mutually satisfying relationships between private employers and providers of medical and mental health services and offers guidelines for developing effective working arrangements. Industry gradually has become involved with its employees' problems and ways to solve them, influenced by the activities of Alcoholics Anonymous, industrial social workers, and industrial psychologists. Contemporary realities that necessitate improved interactions between industry and service providers are examined, including costs of people–related problems to industry, concern with quality control over human services, and anticipated decreases in government–

mandated and government–funded programs. In this context, several criteria are detailed to provide a framework for successful employer–service provider partnerships. Any agreement must initially be based on verification of an identifiable need, have executive backing, and incorporate a clear information program to enlist participation. Other features are the ability to link the employees to the counseling or education services they need, a qualified professional staff, confidentiality, minimum red tape, and making services available for the entire family. Finally, supervisors must be trained and actively involved in the health program, and its services must be well–documented. Benefits that industry can expect from contracts with health service providers are described, such as improved productivity and lowered dependence on government programs. Moreover, such arrangements would replace costly third party reimbursement systems, encourage preventive programs, and improve the reputation of the health service industry. About 25 references and footnotes are included. Presented at the American Association for Marriage and Family Therapy Annual Meeting, November 7, 1980, Toronto, Ontario, Canada.

467. Brahce, Carl I.; Silverman, Alida G.; and Leon, Joel.
Michigan Univ., Ann Arbor. Inst. of Gerontology.
Altering a Service Delivery System to Improve Family Care of the Elderly.
1981, 282p
SHR-0009495 Available from Institute of Gerontology, University of Michigan, 300 North Ingalls, Ann Arbor, MI 48109.

This report documents the development of a training module to replicate As Parents Grow Older (APGO), a program to assist adult children caring for elderly parents created by Child and Family Services (CFS), Inc., of Michigan. A collaboration between the CFS and the University of Michigan's Institute of Gerontology, this project also assessed CFS's ability to improve services to families with older members through staff development and training. APGO uses group counseling for adult caregivers who meet in groups of 12 once a week for 6 weeks. An overview of APGO is followed by a discussion of issues and problems encountered in conducting a collaborative project. Steps in developing a training manual are described, along with training workshops for facilitators of the APGO groups. The manual was written and field tested in seven CFS branches and then used in several Detroit communities, in Texas communities, and by four national demonstration sites. Results of the APGO evaluation are presented, which indicate that it benefited adult children caregivers. For example, 78 percent believed they were better prepared to cope with current and potential needs of elderly parents, and 81 percent felt the group process was a helpful format for meeting their needs. The project's impact on personnel and administrative policies in CFS branches is also assessed. Finally, the report discusses implications of the project's activities for gerontology and related disciplines and offers recommendations for future research. The appendices contain materials produced by the project, including an APGO session outline, newsletters, evaluation questionnaires, and training workshop agendas. Chapter references are provided.

468. Brown, June H.; Finch, Wilbur A.; Northern, Helen; Taylor, Samuel H.; and Weil, Marie.
Child Welfare League of America, Inc., New York.
Child, Family, Neighborhood: A Master Plan for Social Service Delivery.
1982, 63p
SHR-0009625 Available from Child Welfare League of America, Publications Order Department, 67 Irving Place, New York, NY 10003.

Responding to the need for a more comprehensive approach to social work with and for fami-

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lies, this book advocates a model of service provision intended to coordinate practice through a continuum of service needs from psychosocial education about developmental tasks to mobilizing resources and treatment for severe dysfunction. The objective is to integrate the two social work traditions of microintervention and macrointervention into a single practice model that addresses the needs and goals of contemporary child welfare services. The model postulates that integrated services be offered to families, peer groups, individuals, groups of families, and / or communities, depending upon their perceived requirements. Services would be neighborhood–based and provided by a collaborative team of social workers who would plan, coordinate, and provide preventive and treatment services to families in the community. Although the neighborhood family services office would be connected to a larger social service agency, the team would be administered by an onsite team manager responsible for liaison and coordination with the larger social services network. The model is described in terms of the rationale for the approach, its use in practice, the contextual setting in the community, and program administration. Tabular data and notes are provided.

469. California Governor's Advisory Committee on Child Development Programs, Sacramento.
Employer Sponsored Child Care: Policy Discussions, Recommendations and Bibliography.
Jul 81, 53p
SHR-0009507 Available from Governor's Advisory Committee on Child Development Programs, 1600 Ninth Street, Room 105, Sacramento, CA 95814.

This report presents the findings and policy recommendations of the California Governor's Advisory Committee on Child Development, which examined child care needs and potential State policies to promote child care sponsored by employers. Although the number of children in the United States is declining, the number of children with two working parents or with a single working parent increased by about 17 percent between 1970 and 1978. The three basic types of child care are in–home care, family child care, and center care. The children of working parents whose income is below 84 percent of California's median income are eligible for subsidized child care. However, many eligible children do not receive subsidized care. Working parents who receive aid to families with dependent children can also pay some of their child care expenses through adjustments to their welfare grant under the "income disregard" mechanism. Special programs also help some other persons obtain child care. The Governor's Advisory Committee was established in 1965 and was given expanded functions in 1976. The committee has determined that employer–sponsored child care will proliferate during the next 5 to 10 years. However, attention must shift to issues related to the purpose and quality of such care. Employer–sponsored care differs from employer–related or worksite care in that these do not necessarily include an employer's commitment of resources. A few employer–sponsored programs are operating in California. For example, at least three hospitals have child care programs for employees. To promote the expansion of this care, the State should increase the flexibility in the administration of cooperative programs, establish programs in State buildings not covered by the 1980 legislation mandating child care space in large new State buildings, and provide low interest loans to promote the implementation of this 1980 legislation. Other recommendations relate to tax incentives, licensing procedures, technical assistance, and other areas. Appendices present data tables, a list of over 100 references, and related information. See also related document, SHR-0009505.

470. Campbell, Elizabeth; and Becker, Carol Moody.
United States Conference of Mayors, Washington, DC. Community Education Program.
Community Education and Health Services.
Nov 81, 28p
SHR-0009052 Available from Community Education Program, Room 5622 ROB-3, 7th and D Streets SW, Washington, DC 20202.

The report demonstrates how the community education process can be used to address community health care problems. Community education is bringing people of all ages in a community together to identify their needs and develop programs to meet those needs through the use of locally available resources and coordinated services. Community education results in budgetary savings, political support for public programs, neighborhood stabilization, and public support for schools. The community education process helps community members assess community needs at neighborhood and citywide levels, organize programs, monitor and evaluate services, and advocate for community–determined priorities. Community education can be a major vehicle for cities attempting to provide convenient, comprehensive health services in an efficient, cost–effective manner. It can provide health screenings, immunizations, health education, prenatal and infant care, dental care, and health care for the elderly. Examples of community education programs that provide needed health care in Elizabeth, N.J.; Washington, D.C.; and Boston, Mass., are cited. Community education programs in other cities are outlined and implementation strategies mentioned. Resources and footnotes are included.

471. Campbell, Elizabeth; and Becker, Carol Moody.
United States Conference of Mayors, Washington, DC. Community Education Program.
Community Education and Housing Needs.
1981, 28p
SHR-0009050 Available from Community Education Program, Room 5622 ROB-3, 7th and D Streets SW, Washington, DC 20202.

The report demonstrates how the community education process can be used to address housing needs. Community education involves people of all ages in a community coming together to identify their needs and develop programs to meet those needs through the use of locally available resources and coordination of services. The community education process helps community members to (1) assess community needs at neighborhood and citywide levels, (2) organize programs, (3) monitor and evaluate services, and (4) advocate for community–determined priorities. Community education has the following advantages: budgetary savings, political support, and neighborhood stabilization. The community education process can be used to convert schools into housing, for neighborhood preservation and home repair, for joint planning, for weatherization, and for home security. The community education approach in Newton and Boston, Mass., to improve housing is outlined, and programs in repair, weatherization, and home security in other cities are described. Implementation strategies, resources, and footnotes are provided.

472. Campbell, Elizabeth; Blain, Mary Jo; and Becker, Carol Moody.
United States Conference of Mayors, Washington, DC. Community Education Program.
Community Education and Multiculturalism: Immigrant/Refugee Needs and Cultural Awareness.

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1981, 32p
SHR-0009051 Available from Community Education Program, Room 5622 ROB-3, 7th and D Streets SW, Washington, DC 20202.

The report demonstrates how the community education process can be used to address social concerns, focusing on its effectiveness in responding to the needs of immigrants and refugees. Community education involves people of all ages in a community coming together to identify their needs and develop programs to meet those needs through the use of locally available resources and coordination of services. The community education process helps community members to assess community needs at neighborhood and citywide levels, organize programs, monitor and evaluate services, and advocate for community–determined priorities. Community education can be an effective vehicle for mayors to use in planning strategies and operating programs to respond to local refugee resettlement problems. Essential elements of any community education program for refugees are flexibility to address diverse needs, language training, employment, acculturation, and health and housing services. Community education programs in St. Paul, Minn., to help the Hmong people are outlined, and specific city approaches to help refugees / immigrants are described. Implementation strategies for initiating the community education process, resources, and footnotes are included.

473. Caring Community, Inc., New York.
Caring Community, Inc.: A Model in Community Integration Services for the Elderly.
31 Aug 81, 156p
SHR-0009502 Available NTIS PC $15.00/MF $4.00

Efforts of a coalition of 20 organizations were aimed at improving the quality of life for elderly persons in the Greenwich Village section of New York City. Selected activities were supported by a grant from the Administration on Aging. The Caring Community, Inc., was initiated in 1973. It is a nonprofit membership corporation composed of religious organizations, social service agencies, and the local hospital in the Greenwich Village community. The organization tries to help elderly persons to maintain their independence, self–sufficiency, and presence in the community for as long as they wish and as long as possible. The Caring Community provides hot lunches at three sites, meals–on–wheels, recreational and educational programs, information and referral, telephone reassurance, counseling, and other services. Since 1976, the organization has worked with the communities to transform the area's only nursing home into a community–based facility oriented to the residents' needs. The grant was sought to educate community and staff, extend services to include cluster living units and new recreational opportunities, strengthen the administrative structure, and develop a document about community–based care for the elderly to show other communities how effective such an approach could be. An analysis of the achievements of the Caring Community before and during the grant period revealed that the program's success was largely due to its location in an active area with a functioning sense of being a well–defined and politically astute community. Both the Caring Community and the Village Nursing Home bonded together existing institutions to meet specific needs more effectively. The programs also demonstrated the importance of community education, the media, and the political community to the projects' success. Additional findings and conclusions, a bibliography listing 47 references, and appendices presenting a map and program materials are provided.

474. Chapin, John D.; and Getts, Carol V.
Institute for Health Planning, Madison, WI.
Computer Applications in Health Planning.

Jul 82, 44p
SHR-0009606 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Computers can be used effectively in health systems agencies to facilitate health planning. This report focuses on the experience of the Central Texas Health Systems Agency (HSA), which is responsible for health planning in a 30–county area with a 1.2–million population, in acquiring and using computer equipment in health planning, project review, and technical assistance functions. The Texas HSA progressed from using typewriter and desktop calculators to using microcomputers with word processing, stand–alone word processors, and then linking four terminals to a host mainframe simultaneously on one telephone line. The system's functions and capabilities are outlined, and lessons learned from the HSA's experience are discussed in the areas of health planning environment and systems capabilities, outcomes, and implementation. Figures and about 40 references are supplied.

475. Chiarello, Gail.
Berkeley Planning Associates, CA.
Cost Analysis: National Evaluation of the Runaway Youth Program.
15 May 79, 89p
SHR-0009474 Available from Berkeley Planning Associates, 3200 Adeline Street, Berkeley, CA 94703.

This document describes the costs associated with programs funded by the 1974 Runaway Youth Act that provide temporary shelter, counseling, and aftercare services to runaway youths. Data were collected from 17 projects throughout the United States during August 1978. The analysis first identified all activities undertaken by a project, its financial resources, and donated resources, and then asked staff members to record the amount of time spent on each activity. Also assessed were administrative costs and the value of time donated by staff and volunteers. The study's findings revealed that projects varied widely in their indirect / direct cost ratios, costs of providing similar services, types of clients, and range of services offered. On average, projects allotted roughly 60 percent of their total labor payroll resources and staff time to providing direct services to clients and the remainder to activities such as project management, case management, and community education. Shelter management and coverage consumed the highest percentage of staff time at 25 percent, followed by emergency counseling, information and referral, individual counseling, and other group activities. Shelter management and coverage were by far the most costly services. Emergency counseling and information and referral services tripled in dollar value when unpaid staff time and volunteer hours were considered. Separate chapters examine distribution of staff hours and total dollars expended on various project activities in detail. The final chapter discusses the following uses for cost findings: determining the allocation of project resources, enhancing project economy and efficiency, and projecting costs of alternative treatment models. Notes and tables are provided. Survey instruments are appended. Revision of report dated January 26, 1979. Supplementary Report no. 4.

476. Chmura, Tom.
Stanford Research Inst., Menlo Park, CA. Public Policy Center.
Developing Public/Private Approaches to Community Problem Solving.
1982, 17p
SHR-0009631 Available from International City Management Association, 1120 G Street NW, Washington, DC 20005.

Public / private partnerships can be used to bring more of a community's resources to bear on solving problems. Private resources, including philanthropy, investments, operational decisions, manpower and facilities, and prestige can be used in areas such as economic and community development, housing, education,

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human development, and basic public services. Since each community is unique, the local context must be examined before embarking on any major new initiatives, and government and business both need to make an effort to understand the other's purpose and viewpoint. Developing new kinds of partnerships between local government and the business community will require negotiations between the two parties. Negotiations will clarify the problem to be addressed, spell out the resources that each party will bring to bear on the problem, and identify the structure needed for the partnership arrangement. The catalyst for partnerships is based on identifying an area of mutual interest and then focusing on "do-able" activities in solving problems in that area. Implementing partnerships calls for a clearly defined program, with each party's roles and commitments spelled out beforehand. A project needs to be operated in a professional manner and to be given an "organizational home" within the local government. A list of resource individuals and organizations and 13 references are included. "Management Information Service Report," v14 n7 Jul 82 (complete issue). Taken from "Developing Public/Private Approaches to Community Problem Solving: A Guide for Local Officials." Author abstract modified.

477. Colorado Dept. of Institutions, Boulder. Data Management Section.
Instruction Manual for Client Oriented Record Entry: CORE I for Community Agencies.
Feb 80, 217p
SHR-0009324 Available from Division for Developmental Disabilities, Data Management Section, 3824 West Princeton Circle, Denver, CO 80236.

This instruction manual for users of Client Oriented Record Entry (CORE), a computerized data collection system for Colorado's developmental disabilities agencies, covers the system's design, coordinator's role, methods of entering data, and reports generated. CORE collects demographic, disability, service, and referral information on all developmentally disabled clients funded through the Division for Developmental Disabilities, as well as individuals awaiting service. An overview of CORE covers agencies involved in the system, editing mechanisms, reports, and data review. The manual then outlines the functions of the CORE coordinator within each agency and the qualifications for this position. Data can be entered into CORE in two ways: on a CORE form when the client enters the service system and on a change form when a client's record is updated. These forms are described in detail, and instructions for completing them are provided. CORE produces reports on individual clients and on overall client data. Some are generated automatically when data are entered, while others are available on request. The section on reports discusses each type and its format, as well as requesting methods and uses. Examples of items generated by CORE are client summaries, mailing labels, name lists, and cross tabulations. A pilot program to develop local capabilities for handling CORE through microcomputers is summarized, as are future plans for CORE. The appendices contain supplemental materials for the system, such as codes, edit instructions, and abbreviations. Sample data entry and report forms are included.

478. Comptroller General of the United States, Washington, DC. Human Resources Div.
Plan for Improving the Disability Determination Process by Bringing It Under Complete Federal Management Should Be Developed.
31 Aug 78, 38p
SHR-0009542 Available from General Accounting Office, Document Handling and Information Services Facility, PO Box 6015, Gaithersburg, MD 20877.

The General Accounting Office (GAO) reviewed the present Federal / State arrangements for

disability determination and the efficiency of Social Security Administration (SSA) actions to correct weaknesses in its quality assurance program. GAO found that the Federal disability insurance program and the Supplemental Security Income program paid about $14 billion to about 6.7 million beneficiaries in 1977. Under the present Federal / State arrangement, the Social Security Administration cannot exercise direct managerial control of the activities of the State agencies making disability decisions. GAO contends that this, along with other uncorrected weaknesses in the disability determination process, provides no assurance that a reasonable degree of uniformity and efficiency will be achieved in disability payments. The Secretary of Health, Education, and Welfare should develop, for consideration by the Congress, a plan for strengthening the disability determination process by bringing it under complete Federal management so that the Social Security Administration can acquire the control needed to properly manage the programs. The Social Security Administration should continue work on assuring that clear, concise criteria and guidelines are provided for use in making disability determinations, on providing uniform training for those making disability determinations, and on assuring that the quality assurance system is properly implemented and that there is adequate participation by physicians in the disability determination process. Author abstract modified.

479. Connell, David A.; Saboe, Lois R.; and Silverman, Marlene.
Institute for Information Studies, Falls Church, VA.
Contingency Planning Process of Columbus/Franklin County, Ohio.
1981, 23p
SHR-0009260 Available from Institute for Information Studies, 200 Little Falls Street, Suite 104, Falls Church, VA 22046.

Prepared for human service decisionmakers faced with increasing fiscal constraints, this monograph describes an interagency planning process for allocating resources in the urban area of Columbus and Franklin County, Ohio. The Metropolitan Human Services Commission (MHSC), a nonprofit planning and coordinating organization, has mobilized a contingency planning effort that brings together nine human service funding systems. Following a description of the community and the MHSC's organizational history, steps in the contingency planning process are outlined. Relationships among participants, necessary resources such as a data base and competent planning staff, benefits of participation, and problems are addressed. Objectives of contingency planning include analyzing the impact of Federal and State funding actions, prioritizing service needs, formulating alternative funding strategies, and developing an advocacy role at the State level. The technical processes instituted to accomplish these objectives are detailed, and areas where technical assistance could improve the planning efforts are identified. The program has received strong community support and each funding system has assigned a senior-level person to work on the project full-time for a minimum period. Progress reports published by the MHSC are appended.

480. DeChant, Thomas A.
Inst. for Health Planning, Madison, WI.
New Era for State Health Planning.
Jun 82, 26p
SHR-0009522 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

States should explore ways of restructuring State health planning processes to produce a coordinated program of future health planning and regulatory activities and to maintain local input in face of the potential demise of health systems agencies (HSA's). The process should begin with an analysis of environmental factors to formulate a mission for the State's planning and regulatory program, such as political and

bureaucratic support, existing health policies, staff resources, and funding. A State health plan might take four directions: cost containment / regulatory, resource allocation, resource mobilization, and public education. Guidelines for State planning efforts address key decision items, beginning with the design of the new planning schedule. They also describe geographic units of analysis to be used, plan structure, and the public input process. If HSA's cease to exist, States might employ some of 12 possible health planning input methods. Examples are State assistance for unstaffed HSA boards, a regional consortia of agencies, contracting with local agencies to develop plans, State-appointed technical advisory committees, and public hearings. These approaches are not mutually exclusive, but should be combined into a broad public input process. States should pursue these assessment and restructuring activities now instead of waiting for Federal health planning and legislative issues to be resolved. Footnotes are included.

481. DeJong, Fred J.
National Association of State Units on Aging, Washington, DC.
Information Systems Applications in Programs on Aging: Case Studies of Good Practice. Manual IV.
Feb 82, 97p
SHR-0009301 Available from National Association of State Units on Aging, 600 Maryland Avenue SW, Suite 208, Washington, DC 20024.

This manual describes seven major information system problems / issues and then presents several case studies of successfully operating information systems in programs on aging. System design and development considerations discussed include responding to agency internal information needs versus compliance reporting, use of standard terms and procedures, systems involving summary versus detailed data, and developmental and operating costs. Systems operating issues discussed involve unduplicated client count computation, service unit costing, and multiple funding source recordkeeping requirements. The four case studies are from the New Jersey Division on Aging (computer program and fiscal summary system tracking), the Oklahoma Special Unit on Aging (management information system), Pennsylvania's Mon Valley Health and Welfare Council (aging information system), and California's On Lok Senior Health Services (information system). In each case, the agency characteristics, system design and developments, information system components, system characteristics and operations, and future system modifications and user evaluation are detailed. Sample forms and reports for each case study are provided. Each of the case studies was conducted during August to September 1981, and the fiscal and cost data presented are for each agency's current fiscal year. Tables and footnotes are provided. The responses of State Units and Area Agencies on Aging to a survey on the use of computer information systems are summarized in an attached report.

482. DeJong, Fred J.
National Association of State Units on Aging, Washington, DC.
Information Systems Specialist's Guide to Older Americans Programs. Manual I.
Feb 82, 66p
SHR-0009300 Available from National Association of State Units on Aging, 600 Maryland Avenue SW, Suite 208, Washington, DC 20024.

This manual describes the network on aging—the Administration on Aging, Area Agencies on Aging, service providers and other Older Americans Act subcontractors—in terms of the information generated and used by these organizations. The information should provide information systems specialists with a beginning understanding of how network agencies operate. The Older Americans Act is detailed. The purposes, organization and structure, and major

responsibilities (planning and systems development, grants management, linkages) of the State Units on Aging and the Area Agencies on Aging are delineated. Network information needs, information flow, and forms and reports are discussed, and their use of multiple funding sources is described. Steps in the systems development process are outlined. Expenditure information, client data, service area demography, and other material are appended. Nine references and footnotes are included.

483. Denver Commission on Community Relations, CO.
Senior Consumer Resources: A Demonstration Project.
15 Dec 80, 122p
SHR-0009489 Available NTIS PC $12.00/MF $4.00

This report assesses innovative methodologies to identify and monitor consumer needs of low-income elderly in Denver, Colo., and discusses specific problem areas that might be amenable to correction through administrative change or legislation. An introduction describes the background of the Senior Consumer Resources (SCR) project and provides data on Denver's elderly population. In the area of consumer counseling, the project experimented with group counseling as well as one-to-one counseling in various locations, such as a food stamp site, health fair, and senior center. Group counseling using an expert volunteer counselor had a greater than 93-percent satisfaction rate, but the most successful model tested was a play addressing consumer issues followed by a discussion. The project tried to assess unmet needs of the elderly by having senior service-providing agencies distribute and collect needs assessment forms for analysis by the SCR. Other approaches to assessment involved surveying a panel of 147 persons every 2 months over an 8-month period and a forum where elderly consumers together with elected officials and providers could speak out on problems of the elderly. A unique telephone number for reporting elderly consumer needs was advertised on the public bus system, but response was poor. Methods to eliminate consumer barriers affecting the elderly were also explored through an evaluation of an elderly housing hotline, a survey of participants at the governor's conference on aging, and a survey of 1,500 key informants from all agencies that come in contact with the elderly. The report describes and evaluates each methodology tested and offers statistical data on participants when available. Tables and graphs are supplied. Over 50 references and survey questionnaires are appended.

484. Department of Health and Human Services, Washington, DC. Office of Inspector General.
Board and Care Homes: A Study of Federal and State Actions to Safeguard the Health and Safety of Board and Care Home Residents.
Apr 82, 93p
SHR-0009579 Available NTIS PC $10.50/MF $4.00

This study addresses the development and implementation of standards for board and care homes used by many elderly and handicapped individuals. In 1976, Congress responded to a series of fires in board and care facilities by enacting the Keys Amendment, which required States to implement standards in residences where a significant number of Supplemental Security Income (SSI) recipients lived. This report gives an overview of this law, with attention to the definitional and jurisdictional problems caused by the legislative language. Effects of the Social Service Block Grant and the 1981 Rinaldo Amendment to the Older Americans Act are also discussed. The Department of Health and Human Services (DHHS) attempts to comply with the intent of the Keys Amendment are described, including technical assistance activities and grants focusing on the board and care home problem. The next section presents the results of a survey of 11 States and the District of Columbia regarding licensing, inspection,

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and enforcement efforts and referral practices of public institutions. Innovative and successful approaches used by four States are highlighted. The study found that inappropriateness of the Keys Amendment's penalty provision and its lack of use were major problems, along with widespread confusion over the distinction between boarding homes and board and care homes. Additional problems included poor coordination between DHHS components that fund board and care research as well as tardiness and lack of rigor in their products. Recommendations involve expanding assistance to States, accelerating work on a fire safety code for board and care homes, increasing protection for residents under SSI and Medicaid programs, and enabling DHHS to sanction States that fail to oversee facilities adequately.

485. Diamond, Franna; and Simons, Janet.
Children's Defense Fund, Washington, DC.
Child Care Handbook: Needs, Programs, and Possibilities.
1982, 135p
SHR-0009530 Available from Children's Defense Fund, 1520 New Hampshire Avenue NW, Washington, DC 20036.

This book documents the pressing social and economic forces and everyday personal crises that contribute to a growing number of families' need for child care services, describes 12 successfully operating local child care programs, and advises on advocacy approaches for the protection and expansion of existing local and national child care programs. Recent Federal cutbacks are predicted to cause fewer child care slots for poor and working parents, lower quality care for children, more families returning to welfare rolls, more "latchkey" children, more unsupervised children involved in accidents and fires, and more children placed unnecessarily in costly out-of-home-care. Nevertheless, many communities throughout the country have developed high-quality, comprehensive, and diverse child care programs with principles that can serve as the foundation for a national child care and family support system that must be created. The programs profiled are the After School Day Care Association in Madison, Wis.; Child Care Resource and Referral in Rochester, Minn.; the Corporate Child Care Development Fund for Texas in Austin; the Family Day Care Network in San Francisco, Calif.; The Federation of Child Care Centers of Alabama; The Government Center Child Care Corporation in Boston, Mass.; Sick Child Care Program in Berkeley, Calif.; and others. Chiid care advocacy should strive to preserve existing community-based, parent-controlled programs; document the devastating effects of Federal and State budget cuts; pursue changes in existing public policy; gather data on the need for services; and heighten citizen awareness of this need through public education efforts. Tables, photographs, and footnotes are given. Appendices list persons interviewed, the profiled programs, Federal programs, and other resources.

486. Eber, Andy; and Will, Don.
Institute for Local Self Government, Berkeley, CA.
Challenge of Block Grants: States Implement CSBG. A Status Report and Analysis of the Issues States Face in Implementing the Community Services Block Grant.
Feb 82, 103p
SHR-0009396 Available from Institute for Local Self Government, Hotel Claremont Building, Claremont, CA 94705.

This report focuses on the way block grants will affect the human services decisionmaking process in each State. The report describes how the States are responding to the new block grant environment for human services and how policy will be made and human services delivered in the States for the next few years. Detailed information and analysis are provided to those specifically interested in the implementation of the Community Services Block Grant

(CSBG). The report describes and compares two basic approaches to State block grant implementation: the categorical approach and the local determination approach. The categorical approach represents a continuation of the old Federal approach to many programs and services. Policies would be set, regulations designed, services planned and funded, all at the State level. Local agencies would then deliver State–supervised services. In the local determination approach, the State government would set broad policy direction and provide funding. Local agencies would develop priorities for service, design programs, deliver services, and mobilize additional resources. Whether States choose the categorical or the local determination approach is the single most important question about block grants today. The report describes the results of a nationwide survey and analysis of 39 States' experiences in implementing the CSBG. Survey results indicate that the various limitations of time, the legislative requirements in the CSBG for this year, and other factors have kept most States from making any changes in their human service system through the CSBG implementation. Positive aspects of the categorical approach to CSBG are that it focused national attention on long–ignored social problems and directed a portion of the country's resources to critical needs. The local determination approach to human services has always relied upon local assessment of need, local determination of priorities, and local development of program strategies. The report describes the five major issues around which a new State human service system can be built. Charts and case studies of States implementing the CSBG are supplied. Social Policy Series, no. 4. See also related documents, nos. 1-3, SHR-0009393—SHR-0009395. Author abstract modified.

487. Eckerle, Ronald; Fagnani, Carol; Foley, Michele J.; and Kautz, Eleanor S.
Catholic Social Services of the Miami Valley, Dayton, OH.
Community Living Project: Implementation of Contract Model of Community Care for Impaired Adults.
May 81, 99p
SHR-0009499 Available NTIS PC $10.50/MF $4.00

The report describes and evaluates a program of community care placements for impaired elderly in Ohio who could not live independently but did not require nursing care. A needs assessment was made of physical, social, emotional, and personal care requirements of clients referred to the program. Caregivers were recruited, trained, and selected for their suitability in caring for the elderly. Clients were matched with caregivers through a series of home visits involving an active choice of client and caregiver. A written contract of care defined the responsibility of all parties and linked clients with the necessary support services. Contracts were renegotiated every 90 days or in accordance with changing needs. The Older American Resource Survey instrument was administered prior to placement and at 6–month intervals. This was used to measure client functioning and provided a rating on social and economic resources, mental and physical health, and daily living activities. Results of this 2–year program evaluation indicate that elderly who required caregiving and health services and who lacked financial and social resources benefited from community care placements. The model was effective in maintaining the elderly in such settings. In planning similar programs, consideration should be given to community acceptance, minimum standards of care and services, adequate staffing, and ongoing program financial support. Tables, graphs, and over 100 references are included. Sample forms and guidelines for program development are appended. Author abstract modified.

488. Edwards, George C.
Implementing Public Policy.

488.

1980, 181p
SHR-0009406 Available from Congressional Quarterly, Inc., 1414 22nd Street NW, Washington, DC 20037.

This book analyzes the effects of four critical factors—communication, resources, attitudes, and bureaucratic structure—on the implementation of public policy. A brief review of recent failures in policy implementation emphasizes that elected officials often give low priority to this area. Principles of good communication are described, beginning with appropriate transmission mechanisms so that people know a decision has been made and an order to implement it issued. Problems created by lack of clarity in the implementation instructions and contradictory decisions are also discussed. The section on resources covers staff and skills, information, authority, physical facilities, and equipment. The impact of implementors' attitudes toward a policy is examined, along with reasons why top officials are limited in their abilities to replace existing personnel with staff more responsive to their desires and the role of incentives. The pervasive influence of bureaucratic structure is explored with attention to the use of standard operating procedures and the dispersal of responsibility for policies among many organization units. The concluding chapter shows how these and other factors interact with each other to promote or inhibit the carrying out of public policies. Types of policies most likely to face problems are detailed, such as new policies or decentralized plans. The discussion on prospects for improvement focuses on followup by the executive, legislative, and judicial branches of government. Chapter footnotes, about 45 references, and an index are provided. Politics and Public Policy Series.

489. Farberow, Norman L.; and Gordon, Norma S.
institute for the Studies of Destructive Behaviors, Los Angeles, CA.
Manual for Child Health Workers in Major Disasters.
1981, 106p
SHR-0009351 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-024-01115-1.

This manual is a guide to providing mental health services to children and their families during and after a major disaster and was developed from questionnaires completed by professionals who had worked with victims of tornados, floods, and plane disasters. After defining the emotional phases encountered in disaster victims and basic intervention approaches, the manual discusses attachment theory and its relevance to behavior displayed by children subjected to great stress. Steps in the helping process are outlined, beginning with establishing rapport with the family. Also covered are management of common feelings and behaviors, such as sleep disturbances and school avoidance, and problems with mourning, suicide, confusion, and antisocial behavior. The needs of handicapped and injured children are examined. The section on helping techniques explores the use of play, individual counseling, group sessions, and telephone crisis services and then illustrates these approaches in several case studies. The role of the mental health professional as consultant to child service workers, disaster agencies, and the community is detailed, with attention to burnout problems common to workers in disaster situations. An annotated bibliography and a list of public and private resource agencies are provided, along with a sample brochure and coloring book developed by a California child guidance clinic.

490. Federal Council on the Aging, Washington, DC.
Toward More Effective Implementation of the Older Americans Act. A Staff Report.
Apr 81, 124p
SHR-0009429 Available NTIS PC $12.00/MF $4.00

The report summarizes the primary findings of a congressionally mandated study of the Older Americans Act and the programs conducted under it, concentrating on the Administration on Aging's (AoA's) role in implementing the act and on public policy questions related to effective implementation of the act. The evaluation of AoA programs led to the perception that many such programs could not be evaluated without first resolving underlying policy issues concerned with their purposes and objectives and the intent of the law under which they are conducted. AoA has made significant achievements in policy advocacy at the Federal level. However, its role would be strengthened if it was seen as one of many agents and voices in a board policymaking process in which it has certain special tasks and priorities. Federal efforts to target the needy elderly have not proven effective apparently because the persons in greatest need vary from one community to another owing to local differences in income levels, availability of volunteer services and informal supports, and other factors. These factors argue for targeting conducted at the community level through area plans developed by AoA. Decisionmaking regarding the elderly should be left to the local community because only there can accurate definitions of social need be made. The report also covers knowledge development and use, senior community service employment, and low-income and minority participation in AoA programs. A chronology of key events in the study and about 100 references are appended. Footnotes, tables, and illustrations are provided.

491. Femia, C. A.; and Lupinacci, Michael. Newington Dept. of Social Services, CT.
Newington Elderly and Handicapped Transportation Program: Community Opinion Survey.
May 82, 31p
SHR-0009614 Available from Newington Senior Citizen Center Study Committee, Department of Social Services, 131 Cedar Street, Newington, CT 06111.

A 1982 survey of senior citizens and registered voters in Newington, Conn., measured awareness and satisfaction levels with a transportation program for the elderly and handicapped. The questionnaire also sought opinions on user fees and implementation strategies. The response rate from the 2,000 registered voters was 9 percent, while that for the 2,000 senior citizens over 60 was 13 percent. Only 6 percent of the voters and 20 percent of the elderly had used the transportation service themselves. Most respondents were aware of the program and agreed that the service was needed. Over half favored user fees, although older respondents were slightly more approving. Both groups overwhelmingly supported subsidies to passengers unable to afford a fee. The preferred site for ticket sales was the vehicle, followed by the senior center and town office. While 60 percent of the voters felt that fees should offset up to 50 percent of the operating costs, only 49 percent of the senior citizens took this stance. User fees of 50 cents or less were acceptable if the truly indigent were subsidized on an individual basis. Only half the respondents answered the question on service quality, but virtually all held a favorable opinion. The few who took the opportunity to cite problems and solutions expressed a desire for improved service through increased punctuality, service expansion, increased convenience through additional reservation hours, and concern for user abuse. The survey questionnaire is provided, along with tabulated responses to individual questions. Comments from respondents are included.

492. Fisk, Donald.
International City Management Association, Washington, DC. Management Information Service.
Issues in Contracting for Public Services From the Private Sector.

492.

1982, 12p
SHR-0009529 Available from International City Management Association, 1120 G Street NW, Washington, DC 20005.

This report examines the issues involved in contracting with private firms for the delivery of local government public services. The pros and cons of private contracting are covered, with an overview of the factors that affect contracting. Contracting is defined and forms of contracts discussed in terms of fixed price, unit price, cost–plus fee, and negotiated versus bid contracts. Criteria for contracting are listed as cost (efficiency issues); service levels, quality, and effectiveness; and responsiveness to citizens; impact on other services; and possible service interruptions. Among the factors affecting contracting are legal constraints, civil service and union issues, availability of providers, administrative control, and transitional factors. Still other considerations are competition, revenue generation, potential for fraud or corruption, capital investment requirements, and political and policy concerns. The report concludes with a list of questions that each local government should ask before it enters into contracting and as it considers contracting for new services. Tables, footnotes, illustrations, and a 24–item reading list are provided. "Management Information Service Report," v14, n5 (complete issue) May 1982.

493. French, John F.; and Kaufman, Nancy J.
Wisconsin Dept. of Health and Social Services, Madison. Bureau of Alcohol and Other Drug Abuse.
Handbook for Prevention Evaluation: Prevention Evaluation Guidelines.
1981, 258p
SHR-0009484 Available from National Institute on Drug Abuse, 5600 Fishers Lane, Rockville, MD 20857.

This manual provides a consistent frame of reference for people conducting evaluations of drug abuse prevention programs. It specifies the principles, procedures, and techniques recommended for evaluations and is aimed at the experienced evaluator. The handbook provides the reader with a general orientation to prevention concepts and program strategies and delineates the model for prevention evaluation. Technical areas of special interest include chapters on indicators and measures of process, outcome, and impact evaluations and process methodology (with steps on needs assessment, identification of objectives, and input and process analysis). Also discussed are outcome studies in evaluation research, with attention to issues and problems of concern to evaluators designing an evaluation study (particularly issues of internal and external validity) and including descriptions of selected true– and quasi–experiments. Also discussed are methods for the study of impact, evaluation research design and data analysis, and utilization and transfer of evaluation results. Figures and tables are included. Each chapter has references, and most have footnotes. A section on instruments and data sources is appended. Part of a series of National Prevention Evaluation Resource Network publications.

494. Friendly, Martha; and Johnson, Laura C.
Toronto Univ. (Ontario). Child in the City Programme.
Perspectives on Work-Related Day Care.
Apr 81, 27p
SHR-0009390 Available from The Child in the City Programme, The Centre for Urban and Community Studies, University of Toronto, Toronto, Canada.

This paper provides background information and a preliminary discussion of issues to be addressed at a conference on day care in Toronto, Canada. The context, needs, and historical development of work–related day care in the United States and Canada are discussed and alter-

native models through which these kinds of services can be provided are outlined. Special emphasis is placed on the role of organized labor in expanding opportunities for the provision of day care at the workplace. The advantages for both employers and parents, and the central issues involved in organizing work–related day care are summarized. Among the models of work–related day care are onsite and offsite day care centers, the consortium model, and indirect support of work–related day care. The role labor unions might assume in relation to day care is seen as one of direct funding, of cooperation within a support group, or of negotiation with management for day care and other child–oriented employee benefits. Implementation of work–related day care is discussed in terms of management of a child–care center, the user population, work settings, and program funding. The conclusion states that the need for work–related day care has become evident to employers, along with a realization of its possible benefits (public relations, employee satisfaction) and a recognition of its place within the sphere of corporate responsibility. Efforts in this field could be better supported by research, but work–related day care is seen as part of a growing mosaic of options available to working parents in the next decade. Approximately 50 references are given. Child in the City Report no. 11. This paper was prepared for a Conference on Work-Related Day Care cosponsored by The Child in the City Programme and The Social Planning Council of Metropolitan Toronto, Toronto, May 5, 1981.

495. Gan, Milton.
Institute for Health Planning, Madison, WI.
Planning for the Chronically Ill and the Physically Handicapped.
Jul 82, 39p
SHR-0009605 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Voluntary health agencies must employ effective planning strategies in times of tight resources and heightened demands for volunteers. Volunteers can contribute to State and local health planning activities by identifying communitywide health issues by participating in policy formulation and in committee activity, by fundraising and lobbying, and through other activities. Health planning agencies should seek support in meeting the needs of the chronically ill and physically handicapped from local special interest groups. The health agency's governing body should adopt a mission statement after reviewing some initial basic issues, such as the usefulness of the medical v. social models, the best definition of chronic illness and physical handicaps to suit the agency's purpose, estimates of the number of persons directly affected, etc. The agency should set up a steering committee to direct its efforts, encourage community participation, collect data and analyze the information, and develop goals for action. About 40 references are cited.

496. Genser, Andrea; and Baden, Clifford.
ERIC Clearinghouse on Elementary and Early Childhood Education, Urbana, IL.
School-Age Child Care: Programs and Issues.
1980, 104p
SHR-0009414 Available from ERIC Clearinghouse on Elementary and Early Childhood Education, College of Education, University of Illinois, Urbana, IL 61801.

This collection of papers focuses on developing high quality programs that provide care for children after school. The introductory article explores needs of children between 5 and 11 years old, highlights their developmental characteristics with several examples, and discusses how these factors must be considered in afterschool programs. The next group of papers addresses major issues that arise in planning and operating such programs, such as parent involvement, fee structures, and a child development format. The experiences of a parent–

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run program in Brookline, Mass., are detailed, as are models for inservice staff training. A discussion of parent–staff teamwork identifies barriers to interactions between parents and staff and suggests ways to enhance these relationships. Also treated are financial difficulties frequently encountered by day care programs and the evaluation process. Different types of existing afterschool programs are described, beginning with a center in New York City that serves low–income immigrant families. Contrasts are provided by papers on a program in Maine that integrates young children with special needs, a parent–controlled, public school–based program for older children in Massachusetts, and an innovative afterschool program designed by children and located in an industrial park. A panel discussion on family day care is reviewed. A final paper concentrates on issues of quality and the lack of training for child care staff. The conference program and about 35 references are appended. Papers from a June 15-16, 1979 conference held at Wheelock College, Boston, Massachusetts.

497. Georgia Governor's Office of Consumer Affairs, Atlanta.
Capacity Building: Partnership Grant.
Mar 77, 154p
SHR-0006545 Available NTIS PC $15.00/MF $4.00

This report describes and evaluates the Georgia Capacity Building Project, an effort to provide more accurate information on client needs to decisionmakers in the Department of Human Resources (DHR) by using the computerized Georgia Statewide Information and Referral System (TIE–LINE). The report outlines activities accomplished by the project for each of its 3 years, beginning in July 1974 and ending in March 1977. The budget, evaluation design, and problems encountered are also discussed. By February 1976, project staff had reviewed the structure and decisionmaking processes within the DHR and established information needs and format for data presentation. Revisions were then made to the TIE–LINE data collection process, and computer programming for reporting client needs was completed. The project sent reports produced by this system to the benefits payments, community services, mental health, physical health, and vocational rehabilitation divisions, along with a questionnaire to determine data usage and impact. Managers indicated that the data were of interest, but did not affect the department's decisionmaking processes or cost effectiveness because they were not of sufficient quantity nor did they cover an adequate time period. The project's ineffectiveness can be attributed to high staff turnover, computer–related delays, design weaknesses, unrealistic expectations, and political and fiscal constraints within the department. The project, however, did establish that data for management could be produced by an information and referral unit. The appendices contain questionnaire, codes, data forms, organization charts, maps, and other project materials. Author abstract modified.

498. Gibelman, Margaret.
National Conference on Social Welfare, Washington, DC.
Networks of Families and Friends: An Informal Support System.
Sep 81, 15p
SHR-0009550 Available from National Conference on Social Welfare, 1730 M Street NW, Suite 911, Washington, DC 20036.

This paper focuses on the role of the informal support network in meeting long–term care needs. Problems associated with the reliance on this mechanism of care are discussed, and implications drawn for future long–term care service strategies. The paper assesses the current extent of the need for informal supports in terms of the number of disabled adults in the population and the degree of their disability. Among the demographic and socioeconomic factors affecting the ability of families and friends to provide informal care are changes in

the elderly's marital status, their living arrangements, childlessness of elderly women, and contact of elderly people with their children. The pressure for public involvement in long-term care as an alternative or a supplement to informal supports is likely to intensify because of demographic changes, such as the divorce rate, the decline in the birth rate, the growth of single-parent families, and the increasing participation of women in the work force, in addition to the increase of the elderly population as a whole. The availability of informal long-term care support will also be influenced by the male mortality rate. As the population ages, four generation families will become common, with the very old having children who themselves may be retired or chronically impaired. Moreover, children will increasingly live too far away from elderly parents to be an active source of support. Nevertheless, the family has been and continues to be an important resource that must be encouraged by government policies in the provision of informal supports. Charts and 10 references are given.

499. Gibelman, Margaret.
National Conference on Social Welfare, Washington, DC.
Networks of Families and Friends: An Informal Support System.
Sep 81, 15p
SHR-0009630 Available from National Conference on Social Welfare, 1730 M Street NW, Suite 911, Washington, DC 20036.

The need for informal support networks to meet long-term care needs will grow as the population ages; such networks will require governmental assistance to meet the challenge. Demographic changes such as the increasing divorce rate, the decline in the birth rate, the growth of single-parent families, and the increasing participation of women in the work force all mitigate against the family providing personal care to its members. Also, the elderly population is growing faster than the population as a whole. Changes in family structure will affect the availability of informal long-term care supports. The presence of a spouse will decrease as a consequence of the different mortality rates between older men and women. The projected increase in the elderly population will be principally among the widowed and single. The availability of children to support their dependent parents will also diminish. As the population ages, four generation families will become increasingly common. Within such families, the very old may have children who themselves are retired or chronically impaired and thus limited in their ability to assist the parent. Moreover, there is a trend toward greater mobility among family members. An elderly person may have children who live too far away to be an active source of support. Nevertheless, the family has been and continues to be an important resource. Policies need to be formulated at the Federal, State, and local levels to provide incentives to and assist families in the provision of informal supports. Graphs and nine references are supplied. Long Term Care: In Search of Solutions.

500. Gilmartin, Kevin J.; and Rossi, Robert J.
American Institutes for Research in the Behavioral Sciences, Palo Alto, CA.
Demonstration and Analysis of Interagency Coordination: Findings From the 1979-1982 Cooperative Planning Demonstration Program in California.
May 82, 159p
SHR-0009473 Available NTIS PC $15.00/MF $4.00

This report describes and evaluates a 3-year cooperative planning demonstration project among employment and training agencies in three California counties. In 1977, the Employment Development Department (EDD) and the California CETA Council developed a policy statement calling for coordinated planning processes among prime sponsors, local EDD offices, education agencies, and rehabilitation offices. Wide differences among local jurisdic-

tions impeded efforts to implement the policy, and a multiagency advisory committee decided to fund demonstration projects testing effective methods of cooperative planning. This report presents detailed accounts from project directors in three demonstration sites—Imperial, San Diego, and Marin Counties—that cover their activities and accomplishments. An evaluation concluded that the organization of local cooperative planning councils resulted in new relationships among agency representatives involved. It also found that participants' personalities, perceived control of the project, a multiagency perspective on community needs, clearcut objectives, and tangible products were important factors affecting a project's success. Private sector involvement was very limited, and State–level policies and procedures sometimes hampered coordination initiatives. Information gathering and sharing capabilities were not well developed in the counties. Finally, the report explores four possible futures for State and local agencies that may result from current Federal proposals on employment and training programs. An appendix contains an annotated list of products developed by the demonstration program.

501. Gollub, James O.; Waldhorn, Steven A.; and Hentzell, Shirley.
SRI International, Menlo Park, CA. Center for Urban and Regional Policy.
Rediscovering Governance. Nonservice Approaches to Problems of the Aged: A White House Mini-Conference. Findings and Recommendations.
6 Feb 81, 19p
SHR-0009477 Available from SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

This monograph summarizes the proceedings of a 70–member mini–conference representing State and local government, State and local units on aging, community–based advocacy organizations, the private and the nonprofit sectors, and the mutual support sector. The participants stated their views on how nonservice approaches to problems of the aged could be used and specifically what steps need to be taken to increase such use. The basic question concerned the extent to which increasing the capacity of both governmental and nongovernmental sectors to develop nonservice approaches should be a fundamental element of the 1981 White House Conference. Nonservice approaches are based on the use of traditional governance powers by local government in new ways. Governance powers, such as regulation and deregulation, tax policy change, administrative reform, promotion of self–help, and public advocacy can be used to influence the behavior of markets, institutions, and individuals. Use of nonservice approaches can provide the low–income elderly with alternatives to markets they can no longer participate in effectively, such as housing or transportation. They can also spur institutions to become more responsive to the needs of older adults in such areas as employment opportunity and continued independent living. The purposeful use of nonservice approaches at the local level increases the range of tools in addition to traditional service delivery programs with which to address the problems and needs of the aged. Conference panel members are listed. Prepaid orders only.

502. Goodell, Rita Nitzberg.
National Council of Senior Citizens, Washington, DC. Criminal Justice and the Elderly Program.
Effective Responses to the Crime Problem of Older Americans: An Instructor's Guide.
Jan 82, 185p
SHR-0009419 Available from Criminal Justice and the Elderly, 925 15th Street NW, Washington, DC 20005.

This guide provides training suggestions and 20 lesson plans for professional educators conducting a 30–hour couse on responding to the crime problem of the elderly. The course is designed for professionals serving the elderly and

gerontology students. At the end of this course, participants should be familiar with fear of crime among the elderly, the consequences of victimization, and patterns of crimes committed against the elderly. Other topics covered include preventive strategies to reduce vulnerability to crime, victim counseling, and resources offering crime prevention and victim assistance services. The lesson plans suggest several teaching techniques but emphasize involving students in participatory exercises. A discussion of training methods defines the different techniques, such as role playing or large group exercise, and gives practical suggestions for conducting an adult class along with additional tips for working with elderly participants. A review of training materials recommends that all visual materials be screened for suitability for persons with visual or auditory handicaps and describes several types of audiovisual aids. Each lesson plan contains references to corresponding information in the class text, details objectives for instructors and students, suggests teaching methods, and lists needed training aids. Handouts, a lesson outline, and instructions for teaching the lesson are provided. The final examination concludes the guide. See also the Handbook, SHR-0009418.

503. Gordon, James S.; and Beyer, Margaret.
National Youth Work Alliance, Washington, DC.
Reaching Troubled Youth: Runaways and Community Mental Health.
1981, 204p
SHR-0009532 Available from NIMH-Public Inquiries Section, 5600 Fishers Lane, Rockville, MD 20857.

Runaway center workers and administrators characterize runaways, describe their centers, and introduce their short-term and long-term service approaches. An introductory essay presents an historical perspective on running away and runaway centers and offers a conceptualization of running away as an opportunity and lever of change, rather than a demonstration of psychopathology. Center descriptions indicate the ways in which programs respond to juveniles' needs and affect the community and its institution. Their focus on family counseling and supportive community networks shows a growing understanding that running away is often a product of long-standing family dysfunction and community disorganization. Several service strategies are described: the family mediation approach—Bridge in Atlanta, Ga.; services directed toward urban minority youth—Detroit Transit Alternative, Mich.; the community network approach—Washington County Youth Services Bureau, Vt., and the San Diego Youth Services, Calif.; and peer counseling—St. Louis' Youth Emergency Service, Mo., and the Bruce House in Washington, D.C. An overview of aftercare services, a description of employment as a long-term service for runaways, and a discussion of advocacy for ensuring continuing care are presented. Essays also address preventive approaches and the programmatic and policy aspects of the relationship between runaway programs and mental health facilities, as well as the adverse effects of licensing and accreditation systems on runaway programs. References accompany many essays. Papers presented at a symposium.

504. Grajower, Rebecca.
National Assembly of National Voluntary Health and Social Welfare Organizations, Inc., New York.
Preliminary Essay on the Effects of the Taxpayers' Revolt on Public Financing of Human Services.
19 Jun 79, 38p
SHR-0009413 Available from The National Assembly, 291 Broadway, New York, NY 10007.

This paper examines efforts by voters and State legislatures to limit taxes and public expenditures and then discusses the impact of California's Proposition 13. Fiscal measures enacted during the recent wave of tax protests are

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categorized as: property tax rollbacks or limits voted as amendments to State constitutions, spending ceilings imposed by constitution or statute, and tax cuts voted by State legislatures to distribute budget surpluses. Tables summarize these actions in individual States. A discussion regarding the causes of the 1978 movement to restrict taxes through ballot initiatives and referendums notes that one study found no correlation between relatively high, State–local tax burdens and the passage of tax limitation initiatives. Also reviewed are the Federal–State system of shared fiscal responsibilities and economic growth in the State–local sector. Recent attempts to balance the Federal budget and reduce funding for social programs are detailed, with attention to the financial problems that these actions will impose on States. The Jarvis–Gunn amendment in California is the only rollback of real property taxes to be implemented, although a similar Idaho measure will become effective in January 1980. California, however, may be a unique example because of its prosperity and inflated housing prices. The California law will result in power being centralized in the State government, but its consequences for public services are not yet known. The effects of spending limits passed in other States are described, as are responses to the taxpayer revolt from public employee organizations and social service agencies. For example, a successful public relations campaign by a coalition of social service agencies overcame a Proposition 13 mentality among voters in an Ohio county. Tables and 11 references are included. Public Policy Paper no. 3.

505. Grams, Armin.
National Council on the Aging, Inc., Washington, DC. National Center on Rural Aging.
Legislation and Regulations That Discriminate Against Rural Elders.
1982, 28p
SHR-0009571 Available from The National Council on the Aging, Inc., 600 Maryland Avenue SW, West Wing 100, Washington, DC 20024.

This paper describes legislative and regulatory barriers that deprive rural elders of their fair share of goods and services. Studies showing that elderly persons in rural areas receive an inequitable share of human service programs compared to their urban counterparts are reviewed. Features of the small town and rural setting that present obstacles to service delivery are discussed in terms of administrative, logistical, and compliance barriers. For example, public transportation is practically nonexistent because of terrain, distance and compliance requirements on accessibility. The paper then examines Federal laws and regulations that discriminate against rural elders in the areas of income supplements, assistance for rural public transportation, housing subsidies, health and mental health care, and nutrition services. Federal laws that include statutory components addressing the unique characteristics of rural areas or set aside a percentage of funds for rural use are cited as positive efforts to assist rural residents. Lack of information about obtaining public benefits and a cultural aversion to welfare programs also inhibit service delivery. A summary identifies the following factors as major contributors to the inequities experienced by rural elders: ambiguities in definitions of rural, inappropriate funding formulas for grant programs, restrictive cost–sharing alternatives, inappropriate indices for determining program benefits, failures of programs to incorporate cultural values, lack of grantsmanship expertise, and lack of senior centers. References are included. Paper presented during rural legislative seminar at NCOA's 1981 Annual Conference.

506. Greenman, Barbara W.
Institute for Health Planning, Madison, WI.
Prospective Rate Review.
Jul 82, 28p
SHR-0009604 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Prospective rate setting or rate review is often characterized as the response to phenomenal

increases in in hospital costs that began in the late 1960's after the enactment of Medicare and Medicaid. Today, most States have at least considered some form of prospective review of hospital financial requirements. Prospective rate review is a cost containment strategy in which an external authority establishes the prices that providers charge or that third parties pay for specific services in advance of the period in which services are provided. There are a complexity and variety of prospective systems of rate review. These are based on different methodologies (negotiations, budget reviews, and formula approaches), bases of payment (total budget, departmental budget, and specific service bases, etc.), and structural variants of review agencies (the rate setting commission, as well as centralized, decentralized, and private organizational models). Systems also differ regarding review criteria, cost determinations, extent of payer coverage, effects on capital accumulation, and linkages between rate review and certificate of need programs. The current climate for prospective rate review is uncertain. Although the Reagan administration has emphasized competition rather than regulation as a cost–control policy, no competition bill has emerged, and States are simultaneously planning, repealing, and holding up implementation of rate review legislation pending clearer signals from Washington. A chart illustrates 30 different rate review programs. Endnotes and about 40 references are provided. Author abstract modified.

507. Greenman, Barbara W.
Institute for Health Planning, Madison, WI.
Volunteer Staffing for Community Health Planning.
Jul 82, 60p
SHR-0009612 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This manual is designed to help people involved in the new realities of health planning mobilize their volunteer workers to offset funding restrictions. The book first discusses how volunteers have participated in health planning in the past through boards, committees, and councils and how that role will be expanded in an era of reduced resources and more sharply focused activities. Responsibilities that both surviving and emerging health planning agencies have toward volunteers are detailed in terms of agency self–assessment, analysis of motivational factors, job design, volunteer recruitment, volunteer training and coordination, and committee development. The manual then examines functional areas in which volunteers can play important roles. These include planning, implementation and evaluation, review, promotion / public relations, fundraising, and support functions. An annotated bibliography gives sources for additional materials on managing and training volunteers and on resources for volunteers. Volunteers in Health Planning series. Author abstract modified.

508. Grigsby, J. Eugene; and Hruby, Mary.
California Univ., Los Angeles. School of Architecture and Urban Planning.
Linking Social Impact Assessment and Human Services Planning.
Oct 77, 16p
SHR-0008882 Available from University of California, Graduate School of Architecture and Urban Planning, 405 Hilgard Avenue, Los Angeles, CA 90024.

This paper explores the potential relationship between social impact assessment (SIA) and human services planning and suggests that many of the activities of the human service planner could be conducted using SIA methodology. It is also suggested that one of SIA's greatest potentials lies in its application and contribution to effective human services planning. SIA has been used to investigate the social side effects of such physical development projects as highways, dams, power plants, mines, or new towns. SIA planners assume that a physical project will

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definitely produce alterations in the social, economic, and natural environment in which it is located. In contrast, human service planners have yet to conceptualize the possibility that a social program could have impacts on environmental sectors other than those that include the groups receiving services. Thus, social planners may fail to consider how social programs could have unexpected benefits or costs for a number of different social groups or institutions. In addition, local public agencies have conducted independent planning and programming activities rather than develop a coordinated approach. Human service planners should reconsider their methods for undertaking the usual seven–step approach to program design, implementation, and evaluation. A series of seven tasks is presented to enable social planners to employ the framework used in SIA. This approach can promote fuller collaboration of human service and physical planners and can enhance the efficiency and effectiveness of human service delivery systems. The SIA approach's greatest benefit is its ability to promote effective, reality–based program design and problem solving. Thirteen references are listed. Paper presented at American Institute of Planners Annual Conference, Kansas City, Missouri, October, 1977. Discussion paper no. DP 102.

509. Gurnack, Anne; and Schoech, Dick.
Incentive Systems for Mental Health Organizations.
1980, 12p
SHR-0009400 Pub. in Administration in Mental Health v9 n2 p79-90 Winter 1981.

The use of incentive systems for employees of human service agencies is explored, with emphasis on employee incentives in mental health organizations. Characteristics of human service organizations that distinguish them from business organizations include the societal view that human services are an earned right, the common view that human services should be mainly provided by government in a system characterized by nonduplication and noncompetition, and the reliance on external funding rather than profits. Also typical of such organizations are the political and legal restrictions under which the organization must operate and the unique nature and role of human service technology. Human service organizations also differ from business organizations in their goals, tasks, and structure. The theories of motivation that have been central to the design and implementation of incentive systems assume that employee motivation is the sustenance of job satisfaction and that inducements can be devised to meet both individual and organizational needs simultaneously. Incentive system variables that have been identified include people's hierarchy of needs, the need for power and achievement, the variation in needs by life passages, the difference between extrinsic and intrinsic motivators, the value and equity of the reward received for individual effort, the schedule and variety of the reward, and the difficulty and specificity of the goals involved. These variables can be considered the building blocks for shaping employee incentives. Individual managers may have adequate control over some of the variables in one type of organizational setting but minimal control over others. A framework that uses these variables and can help managers to devise an incentive system for their particular work situation is presented. Examples of the application of the framework are also provided. Figures and 20 references are supplied.

510. Hartzke, Larry.
Institute for Health Planning, Inc., Madison, WI.
Reexamining Certificate of Need Review.
Apr 82, 11p
SHR-0009404 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Issues that States should consider in reexamining and adjusting their certificate of need (CON) programs related to capital expenditures on health care facilities are discussed. Reassessment of CON programs is necessary in view of the major change in health planning that occurred in 1981 and that was precipitated by the new Administration. This change has resulted from the Administration's withdrawal of support and involvement in State and regional health planning activities, the continuing decline and / or phaseout of many Health Systems Agencies, and the diminishing resources for State health planning. The CON program, which has been a fundamental component of the system of health planning, has received much criticism. As a result, many States are or will be reexamining the purposes, value, and thrust of their CON programs. The major issues that State CON agencies should examine are program coverage, resources, and monitoring; review benchmarks, outcome, and procedures; and public input. Within each of these topic areas, one or more specific issues are raised and discussed. For example, no two States are likely to have CON laws that specify exactly the same program coverage, since each State is the best judge of the scope of its own CON program. The three final determinants of program coverage are capital expenditure, equipment, and service thresholds. States may wish to use the Federal capital expenditure threshold or a more liberal threshold of $1,000,000 or more, depending on their experience and resources. Instead of specifying dollar amounts related to equipment and services, States may find it more practical to specify in the law that certain types of medical equipment and services are covered by the CON law. State CON agencies should review the range of entities and activities covered by their existing CON laws and should exclude programs for which the State has no interest in controlling development. Notes and similar analyses and recommendations for the other six subject areas are provided.

511. Hayes, Cheryl D.
National Research Council, Washington, DC. Study Project on Social Research and Development.
Study in the Management of Social R and D: The Functions of Demonstrations.
1981, 84p
SHR-0008880 Available from National Academy of Sciences, Printing and Publishing Office, 2101 Constitution Avenue NW, Washington, DC 20418.

Three broad categories of Federal demonstration programs are identified and illustrated using four case examples. In addition, guidelines are suggested to aid Federal policymakers and program officials in their efforts to raise the level of effective use of demonstration programs. The three broad categories of social demonstration activity are projects that are a means of policy formulation, those that are a means of policy implementation, and those that have no direct function in either the formulation or implementation of new Federal policies. A given project can perform both of the first two functions at different points in time. Four demonstration projects that illustrate the nature and functions of different types of demonstrations are (1) the National Nutrition Program for the Elderly, conducted by the Administration on Aging to provide nutritional services and social interaction among socially isolated elderly people; (2) the Shirley Highway Express–Bus–on–Freeway Project, conducted by the Urban Mass Transit Administration to provide an express bus service for suburban commuters; (3) the program conducted by the Social and Rehabilitation Service to provide physical, emotional, and developmental screening, diagnosis, and treatment services to needy children; and (4) the Cancer Control Program, conducted by the National Cancer Institute to identify, field test, evaluate, demonstrate, and promote new methods for reducing the incidence of morbidity and mortality from cancer. A Federal agency should consider a policy implementation demonstration when it has

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determined that an idea should be translated into a concrete example. Additional guidelines, tables, and a list of 46 references are provided. Study Project on Social Research and Development, volume 4.

512. Hayes, Frederick O'R.; Grossman, David A.; Mechling, Jerry E.; Thomas, John S.; and Rosenbloom, Steven J.
Hayes (Frederick O'R.) Associates, Lexington, MA.
Linkages: Improving Financial Management in Local Government.
1982, 184p
SHR-0009822 Available from The Urban Institute Press, 2100 M Street NW, Washington, DC 20037, order number URI33700.

The publication sets out ways in which financial management in local government can be improved by more effective linkages among four basic financial management functions: budgeting, accounting, performance management, and auditing. The volume also addresses the standards that should be met in each of the four functions and the ways in which these standards can be met. An integrated financial management system is defined, and the benefits that it can provide are explained. A checklist allows readers to rate their communities concerning fiscal integration. Three chapters on budgeting help local government define budgeting and explain how it relates to decisionmaking and how it links to the other financial systems. Also addressed are other elements of local financial management: (1) accounting and control; (2) performance management and accountability (goals, objectives, and targets; organizing and operating the system); (3) integrated financial management information systems (elements, levels, and benefits of such a system; strategic and implementation considerations); (4) and auditing and program evaluation. Finally, strategies for integration are suggested. Basically, financial management should be developed as the centerpiece of the government's overall management system, with a sustained 5-year to 10-year effort required to achieve a fully developed integrated financial management system. Exhibits and about 200 references are supplied.

513. Heilman, James M.
Ohio School for the Deaf Alumni Association, Westerville. Columbus Colony, Inc.
Columbus Colony: A Total Planned Community of and for Elderly Deaf, Deaf-Blind, and Deaf-Multihandicapped Persons.
4 Dec 81, 321p
SHR-0009498 Available NTIS PC $24.00/MF $4.00

This report describes a project to develop and implement a model for a total planned community providing comprehensive programs, services, and facilities to meet the unique needs of elderly persons who are deaf, deaf and blind, and deaf and multiple handicapped. The 3-year project was conducted by the Ohio School for the Deaf Alumni Association (OSDAA), Westerville, Ohio, and was funded by the Administration on Aging. Efforts have focused on developing administrative and support systems to meet the comprehensive requirements of this population of elderly persons. The project has achieved the construction and operation of the Columbus Colony, a 106-unit apartment complex and 100-bed nursing facility. In addition, programs and services have been developed and implemented in such areas as health care, transportation, nutrition, communication, leisure and recreation, and volunteerism. Moreover, linkages have been formed with many community agencies and organizations. Finally, the governing body of the organization has been restructured to enable the deaf and hearing communities to interact with one another in planning and administering the project. The findings of the project's evaluation have led to the development of techniques that can serve as models for other organizations dealing with the problems of aging and deafness. Tables, a

list of 69 references, and an appendix containing an aerial diagram of Columbus Colony are provided. Author abstract modified.

514. Heywood, Ann M.
Edna McConnell Clark Foundation, New York.
Resource Directory for Funding and Managing Nonprofit Organizations.
Jun 82, 83p
SHR-0009430 Available from The Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY 10017.

The directory is a reference book for nonprofit organizations. It lists publications and organizations that will help them raise funds and manage their programs. It describes where to get the information and skills to successfully run a project or nonprofit organization. The directory first lists material to help research potential funders for specific projects. It then lists general guides for raising funds and specific guides for writing proposals. The directory lists information that will help nonprofit organizations once they are funded—publications on such subjects as management, accounting, and public relations as well as organizations that provide technical assistance in these areas. The material is arranged from the general to the specific, and entries are listed in alphabetical order. Book is based on the "Resource Directory for the Funding and Managing of Nonprofit Organizations," edited by Ingrid Lemaire and published in 1977.

515. Horgen, Gregory C.
Playing the Funding Game: Where It Is, How to Get It, Keep It, Increase It and Manage It for Your Special Project or Organization.
1981, 351p
SHR-0008901 Available from Human Services Development Center, PO Box 161809, Sacramento, CA 95816.

This volume presents a 12-step model to enable organizations to manage an organization effectively to win the confidence of funding agents and to attract and retain funds from individuals, private organizations, and government funding sources. The model provides a sequence of tasks in three broad areas: planning, resource development, and evaluation. An overview of management's function and the planning process covers assessing needs, setting objectives, and developing a plan for operations. Guidelines on resource development deal with marketing, fundraising, methods for obtaining grants, proposal writing, and grants management. Discussions of evaluation focus on structural evaluations, process evaluations, and outcome evaluations as well as on the dissemination of the findings of evaluations. Specific advice covers the organization and operation of a development office, methods of locating unpublicized and alternative funding, making inside contacts with any funding agent, securing low interest loans and surplus property, and techniques for justifying funding requests. Figures, an annotated listing of over 650 references, an index, and 23 appendices providing additional guidelines and resource lists are provided.

516. Hull, Grafton H.
Child Welfare Services to Native Americans.
1982, 8p
SHR-0009548 Pub. in Social Casework v63 n6 p340-347 Jun 82.

Workers providing child welfare services to Native American families must be aware of current and past efforts to help Indians be knowledgeable regarding their unique cultural factors and characteristics, and be selective in using intervention strategies that have proved effective with them. Indians suffer a high rate of alcoholism, suicide, juvenile delinquency, and child abuse. These problems often arise from misguided or deliberately disruptive Federal policies, such as attempts to relocate Indian families from reservations to urban areas and raise

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Indian children in institutional settings outside their own society. These practices have broken traditional ties and created anomie over more than one generation, and explain the absence of parenting skills and self-respect that contribute to child abuse. Among the values esteemed in Indian culture and denigrated in the dominant culture are emphasis on the clan or group, disregard of time, encouragement of giving rather than saving and acquiring, permissiveness, extended family and clan orientation, nonconfrontive attitudes, and respect of silence. When interacting with Native Americans, social workers need to be mindful of these basic differences and recognize their implications for how they judge clients and for the style of intervention they use. Because their values have so often been ignored, with dire consequences for the Indian people, resentment of "helping" efforts is to be expected. Social workers must be educated in the language and customs of the tribe with which they intend to work and adapt their techniques to behavior standards acceptable by the client group. More Native American social workers are needed, and child welfare efforts must be geared to keeping a child within the extended family or tribal setting. A total of 29 footnotes are given.

517. Human Services Research Inst., Boston, MA.
Longitudinal Study of Court-Ordered Deinstitutionalization of Pennhurst: Historical Overview V, September 1, 1981-March 31, 1982.
13 Jul 82, 109p
SHR-0009544 Available from Human Services Research Institute, 120 Milk Street, 8th Floor, Boston, MA 02109.

This historical account documents the status of compliance with Judge Broderick's orders that residents of the Pennhurst State School and Hospital in Pennsylvania be placed in less restrictive community facilities and describes events in the Pennhurst case as they unfolded between September 1981 and March 1982. Major sources of information included documents from the litigation, interviews with over 40 individuals involved in implementing the Pennhurst decree, and statistics on levels of compliance. The first section details developments in litigation, including the important circuit court's ruling upholding Judge Broderick's decree on the basis of Pennsylvania's Mental Health and Mental Retardation Act of 1966. A report on the current status of compliance with the Judge's various orders notes that the period marked a considerable slowdown of monitoring activities. The third section identifies both systemwide and Pennhurst-specific developments over the past 6 months, such as proposed legislation to restrict and tighten the 1966 mental health law, a State Senate measure calling for an investigation of the Office of Mental Retardation (OMR), and revised policies on the role of parents of mentally retarded persons. Also discussed are agreements regarding the transfer of some compliance activities from the Office of the Special Master to the OMR and problems encountered in implementing the decree. Although this period was characterized by cooperation, the ensuing months may see renewed confrontation in court because of the State's assertion that it is impossible to meet the court's target for out-of-region placements and the unavailability of State funds in the 1982 to 1983 budget.

518. Hummel, Barbara G.; and Houston, Kay. Access to Independence, Inc., Madison, WI.
Housing Services for People With Physical Disabilities.
1981, 50p
SHR-0009574 Available from Access to Independence, Inc., 1954 East Washington Avenue, Madison, WI 53704.

This manual describes the information gathering and bureaucratic maneuvering activities involved in helping physically disabled persons locate housing, along with suggestions on spe-

cific client services and resources. Steps in building an information base are outlined, beginning with needs assessment and methods for uncovering existing housing suitable for disabled persons. A format for surveying apartments for accessibility is provided. Funding sources for accessibility modifications are identified. The section on the bureaucracy lists Federal programs that subsidize rental housing, such as Section 8 and the Farmers Home Administration. Also covered are disabled persons' eligibility for elderly and low–income family housing, determining family income when a live–in attendant is required, and waiting lists for accessible units. Methods that housing service workers can use to influence new development are reviewed, including the A–95 review. The discussion of client services addresses the intake procedure, associated services that disabled persons need such as attendant care and roommate matching, and presenting information in a format that is easily understood. The manual provides references and a list of public and private organizations concerned with housing for the disabled. The appendices contain a policy statement on accessibility in assisted housing formulated in Madison, Wis., HUD definitions and guidelines, and samples of housing information for client use.

519. Hummel, Joan M.
Pillsbury Co. Foundation, Minneapolis, MN.
Starting and Running a Nonprofit Organization.
1980, 147p
SHR-0008929 Available from University of Minnesota Press, 2037 University Avenue SE, Minneapolis, MN 55414.

This manual is designed for those who are forming new programs or reorganizing existing agencies and provides step–by–step instructions for developing a small nonprofit organization. The handbook is intended for planning groups, community organizers, agency directors, boards of directors, and coordinating groups working on different issues in various service areas. Tasks required for starting an organization are listed, including forming an initial board of directors, developing a budget, establishing a recordkeeping system, and developing and submitting fundraising proposals. The role and function of the board of directors are explained in detail. Decisions to be made regarding the organizational structure and function as outlined in the bylaws are explained, and a model set of bylaws is presented. Explanations of legal requirements that apply to nonprofit organizations cover incorporation, tax exemption, and State and local registration requirements. Additional advice governs the development of a program plan, establishment of a budget, fundraising, accounting, and building a staff. Techniques for effective community relations are also outlined, with emphasis on the advantages and disadvantages of such media as personal contacts, brochures, posters, and newsletter announcements. Forms, worksheets, an index, and a bibliography listing 14 references are provided.

520. Humphrey, Kathy.
Institute for Local Self Government, Berkeley, CA.
Developing Local Public-Private Solutions for California's Employment Problems: 6 Case Studies.
May 82, 154p
SHR-0009566 Available from Institute for Local Self Government, Hotel Claremont Building, Berkeley, CA 94705.

This report examines six partnerships between the public and private sectors in California that were developed to address community employment problems, such as plant closures, labor shortages, and rising unemployment. Interviews were conducted in the six program sites during spring 1982 with private and public officials concerning the public sector's goals in the project, the private sector's reasons for getting involved, forms of business participation, and

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the quid pro quos of the partnership. Following a history of Federal employment programs, the report presents case studies of the six projects. The Port of Oakland developed a program to match unemployed residents with jobs that opened with Port tenants. A State employment agency cooperated with the College of San Mateo to offer training for electronic assemblers and technicians. The Peralta Services Corporation subsidized jobs for long-term welfare recipients as a transition to regular work. Pittsburgh has developed an economic development strategy for increasing revenues and creating jobs for unemployed residents. After closing a plant in Ontario, General Electric has worked with CETA to develop a job center for displaced workers. In San Diego, private industry and CETA have cooperated to create training programs in microelectronics and aerospace jobs. A summary of the study's findings notes that it is very difficult to address the public goal of serving the welfare population and meet business needs at the same time. The public contribution to most partnerships has been greater than the private sector's, but more private sector involvement is necessary. Guidelines for the development of future employment programs are presented. The appendices discuss current trends in State and Federal employment programs and provide data on the study's methodology and an annotated bibliography. Social Policy Series no. 5. See also nos. 1-4, SHR-0009393–SHR-0009396.

521. Isaacs, Mareasa R.
American Health Planning Association, Washington, DC.
Guide for Planning Long Term Care Health Services for the Elderly: Does Your Community Have the Health Services Your Aging Population Will Need.
Jul 82, 73p
SHR-0009609 Available from American Health Planning Association, 1601 Connecticut Avenue NW, Suite 700, Washington, DC 20009.

This guide offers a planning tool and resource for local health planning agencies, health coalitions, or hospital boards interested in providing a wider array of long-term care services to elderly populations. Focus of the discussion is on services that are provided to the elderly either through or financed by the existing health care reimbursement system. A major tenet is that there is a need to develop health services and programs that are currently underdeveloped in many local communities—home health services, adult day care, ambulatory mental health services, and others. Case management, the single agency concept, and the social / health maintenance organization are three models considered for developing integrated care at the local community level. The discussion describes the changing elderly population, points out problems in the current long-term care delivery system, and outlines the features of an ideal system. In addition, it gives practical guidance on how to initiate a planning process in the local community. Brief examples of models that have proven successful in other communities illustrate the importance of developing services that meet specific needs and that build on resources already available. Charts and footnotes are supplied. Appendices contain descriptions of various community alternatives for the elderly, results of research conducted at the national level that studied five community-based demonstration projects, and a list of national organizations providing support and information about the elderly. A 44-item bibliography is also given. Author abstract modified.

522. Jamaica Service Program for Older Adults, New York.
Southeast Queens Consortium of Aging Services (SEQCOAS): Interagency Case Management Project.
1982, 219p
SHR-0009617 Available from Jamaica Service Program for Older Adults, 163-18 Jamaica Avenue, Jamaica, NY 11432.

The report contains the Southeast Queens Consortium of Aging Services (SEQCOAS) / Interagency Management Final Report, an evaluation of SEQCOAS, and documents supporting the continuation of the SEQCOAS Project subsequent to the termination of funding. SEQCOAS was a 3-year demonstration project funded by the Administration on Aging from October 1, 1978, to December 31, 1981. The project was designed to improve the quantity and quality of services to the elderly in Southeast Queens, N.Y., through a voluntary, formal consortium of community service providers; a management information system; and a case management project. SEQCOAS accomplished the agreement of 32 agencies with different mandates and funding streams to voluntarily participate at the executive level of SEQCOAS, to agree to an organizational document, and to commit themselves to share information incrementally. SEQCOAS conducted a survey of representative member agencies to develop baseline inventory data about service provision and need in the community. It organized a computerized data collection system, and it established an interagency case management project using contributed professional staff of member agencies from both the public and voluntary sector. Benefits of SEQCOAS member agencies included improved interagency communication, better resource information, improved visibility for each agency, and shared planning. About 40 references and appended organizational materials and study instruments are supplied. SEQCOAS' membership form, nominating slate, and statement of purpose are provided.

523. Jaycox, Victoria H.; Center, Lawrence J.; and Ansello, Edward F.
National Council of Senior Citizens, Washington, DC. Criminal Justice and the Elderly Program.
Effective Responses to the Crime Problem of Older Americans: A Handbook.
Jan 82, 278p
SHR-0009418 Available from Criminal Justice and the Elderly, 925 15th Street NW, Washington, DC 20005.

The goal of this book is to educate professionals concerned with the welfare of the elderly population to recognize and respond to the crime-related needs to older Americans. It provides facts about the serious crime problems affecting the elderly, those countermeasures that work best, and the basic skills for provision of anticrime services for the elderly. The handbook is organized into four overlapping sections: (1) the realities of aging and of crime against the elderly; (2) crime prevention in the street, in the home, in consumer fraud, and in community efforts; (3) victim assistance—meeting the needs of older victims; and (4) crime prevention education—conducting effective training and expanding the network of trainers and elders' access to information and advice. It is contended that crime statistics that show senior citizens as victimized by crime less often than younger persons mask some crucial facts concerning the conditions of the elderly. While elders overall are victimized at low rates, the aged living in city centers are afflicted at the same rate as younger residents, and urban young and old are victimized at a much higher rate than people in rural areas. Furthermore, crime and the fear of crime alter the quality of the lives of the elderly, who adopt restrictive and isolated lifestyles in response to crime, thus becoming virtual prisoners in their own homes (which should properly be considered a form of victimization by crime). To reduce these fears and ameliorate this distress, pilot anticrime projects for and by the elderly show that crime prevention and victim assistance services work and should be adopted by programs serving the elderly. Chapter references, tables, graphs, and diagrams are supplied. See also related document, SHR-0009419.

524. Jenkins, James L.; Salus, Marsha K.; and Schultze, Gretchen L.
Kirschner Associates, Inc., Washington, DC.
Child Protective Services: A Guide for Workers.

524.

Aug 79, 106p
SHR-0009533 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-092-00042-1.

This manual seeks to assist child protective services (CPS) workers by presenting a frank introduction to issues, processes, and problems associated with CPS delivery systems. An overview discusses definitions of child abuse and neglect, and the extent, causes, and effects of the problem. The text examines the CPS response process and CPS worker roles. Identification and reporting processes are explained, with attention given to reporting laws. Intake and investigation are discussed regarding report receipt, mandated action, indicators in the child and parent, purpose of the investigative interview, preparation for and conduct of the interview, observable data, medical evaluation of the child, and case decision. A chapter on assessment and planning covers social assessment and service planning; an explanation of implementing the service plan discusses direct services, case monitoring, and recordkeeping. Other chapters are devoted to working with the courts, internal and external supports, and prevention. Exhibits, about 25 references, and appended standards are supplied. User Manual Series.

525. Jenkins, James L.; MacDicken, Robert A.; and Ormsby, Nancy J.
Kirschner Associates, Inc., Washington, DC.
Community Approach: The Child Protection Coordinating Committee.
Aug 79, 86p
SHR-0009534 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-092-00040-5.

This manual describes some of the essential activities involved in planning, organizing, and operating a communitywide child protection coordinating committee. It includes activities related to identifying potential participants, developing a commitment to coordinated action, identifying central issues to be addressed by a coordinating committee, and clarifying committee members' roles and responsibilities. It also identifies procedures that can be used to avoid organizational problems. The coordinating committee will be the primary vehicle in the community for coordinating all child abuse and neglect prevention and treatment efforts. To fulfill this overall objective, the committee must encourage community agencies to work together, and it must survey and analyze needs and resources. The committee also must determine community awareness of needs and resources, make program recommendations, develop new community resources as needed, review service delivery, and establish and / or facilitate multidisciplinary child abuse and neglect case consultation teams. The committee will serve as an advocate for children and families, as well as include representatives of the department of social services, law enforcement officials, court-related personnel, medical personnel, mental health professionals, local political bodies, agencies providing services to children, and private agencies or organizations. The manual explains how the committee can maintain its internal functions successfully, such as developing cooperative work planning procedures and maintaining organizational feedback. Exhibits, 10 references, and appended materials on regional child abuse and neglect resource centers and standards applicable to the manual are supplied. User Manual Series.

526. Johnson, Jan; Schwarzer, Mitchell; and Will, Donald.
Institute for Local Self Government, Berkeley, CA.
Program Integration: The Local Approach to Welfare Reform, Cost Savings and Better Client Services.

Feb 82, 165p
SHR-0009393 Available from Institute for Local Self Government, Hotel Claremont Building, Berkeley, CA 94705.

This project studied the efforts of several California communities attempting to create linkages among welfare, employment, and training programs. A review of their experiences was made to glean insights for possible future coordination and linkage in the existing categorical system, as well as for a State-designed welfare / employment system, if these programs are replaced by a block grant to the States. The program integration models studied were in Ventura, San Mateo, and San Bernardino. The principal characteristic of two of these models was colocation, with one program enhanced by a job search workshop intended to replace staff-performed client assessments; the third coordinated programs through the use of a common assessment form, which was computer-matched to appropriate services or job opportunities. If the categorical system of employment and welfare programs is continued in some form at the Federal level, welfare and employment programs should be redefined to include the goal of welfare diversion and maximum local decisionmaking authority. If California finds itself with maximum freedom to redesign the welfare and employment system, it should also define its goals and objectives to include welfare diversion as well as the locally integrated delivery of services. Further, efforts should be pursued to create a single intake for the unemployed, whose needs and capabilities are then assessed, possibly through a job search assistance workshop and then referred to the appropriate service. Charts and tables are given. Appended are a discussion of the vertical logic of categorical programs, profiles of four counties, California sources of linkage project funding, the names of project interviewees, and a glossary of coordination / welfare terminology. Social Policy Series, no. 1. See also related documents nos. 2-4, SHR-0009394—SHR-0009396.

527. Jonas, Steven.
Health Care Delivery in the United States. Second Edition.
1981, 494p
SHR-0009367 Available from Springer Publishing Co., 200 Park Avenue South, New York, NY 10003.

This text for introductory courses in health care delivery examines the major parts of the health service provision system in the United States, recent developments in the evolution of the health care system, and trends of the 1980's. Definitions of health, disease, and illness are offered, along with a consideration of the effectiveness and utility of several types of health services. A discussion of population data related to health and health care presents the main quantitative measures used to describe the population, its health and illness levels, how it uses the health care system, and how the health care system functions. In addition, the supply, types, distribution, and education of health workers are examined. Emphasis is placed on the nursing profession, including nursing roles and functions, current issues in nursing, and crucial aspects of the relationships between nurses and other categories of providers. The distribution and functions of physicians in relation to ambulatory care and hospitals are analyzed, followed by a discussion of mental health services, including certain aspects of the work of health care personnel. The licensing system, along with the various modes of regulation and quality control that pertain to all health care personnel, are considered. Discussions of various forms of institutions cover the different types of hospitals and nursing homes. Issues in health sciences education, the financing of health care services, the major government activities in the planning and delivery of health care services, and the problems of quality assessment and regulation are also examined. Chapter reference lists, figures, tables, footnotes, an index, and appendices presenting a list of abbreviations and a discussion of data sources are provided. Author abstract modified.

528. Jordan, Audrey.
REAP Associates, Inc., Washington, DC.
Assessing Human Services Management Systems. Training Program: Volume 4.
Sep 81, 136p
SHR-0009405 Available from Social Service Research Institute, Welfare Research, Inc., 8th Floor, 1015 18th Street NW, Washington, DC 20036.

Written for the professional trainer, this manual outlines the content and training methods to be used in a 3–day training program designed to provide instruction and practice in the skills necessary to implement an assessment in a human service organization. The manual is part of a four–volume series that also includes a reader's guide, a manual for managers and assessment team leaders, and a guide for internal work groups that have been directed to design and implement an assessment. This trainer's manual is designed to develop the assessment team's ability to function as a team and their skills in important aspects of assessment, including problem solving, interviewing, and assessment design. The course content also focuses on the rationale for and benefits of an assessment; the steps and tasks in the assessment process; the assessment of organizational climate; and the collection, display, and analysis of data. The course outline includes an overview of the objectives for each day's training, an outline of the day's course content, and a detailed lecture outline. The visual aids, handouts, and exercises to be used with the course are also presented. On the first day of training, the group members become acquainted and are introduced to the assessment model and process, the problem–solving paradigm, and the need for assessing organizational climate. On the second day, participants identify and practice the skills needed for data gathering, compilation and display, and formulating findings. The third day's activities enable participants to begin writing their action plans for implementing an assessment. The principles presented are illustrated by means of a class exercise involving an assessment of an agency that has overspent its Title XX allocation to day care by 15 percent. See also related documents, volume 1, SHR-0008613; volume 2, SHR-0008614; volume 3, SHR-0008615. Author abstract modified.

529. Jordan, Audrey.
REAP Associates, Inc., Washington, DC.
Effective Fiscal Management in Human Services Programs: Instructor's Guide. Training Program: A Standardized Accounting System for Purchase-of-Service Providers. Volume 3.
Sep 81, 122p
SHR-0009409 Available from Social Service Research Institute, Welfare Research, Inc., 8th Floor, 1015 18th Street NW, Suite 810, Washington, DC 20036.

This trainer's manual presents the content and instructional techniques to be used in a 5–day course on double–entry accrual bookkeeping for human service agencies. The training is intended for persons who are or will be keeping the financial records in a purchase–of–service provider organization. The course assumes that the participants know how to set up books using a standardized accounting system, record the accounts and transactions of the business accurately on an ongoing basis, and prepare financial statements. They also need to understand how management will use the financial statements. The first day of training orients the group members to the program and one another. It also provides basic information on accounting terms, the accounting cycle, and the concept of balance. The second day acquaints participants with the chart of accounts, the process of closing the books, and the hardware of an accounting system. The third day consists of a structured review based on participants inputs and the completion of a practice set in which participants complete a set of books for a hypothetical case. On the fourth day, the participants close

their practice set and prepare income and expense statements. They also do role playing to explore the use of financial analysis in the management of day care centers, which is used to represent a typical human services program. The fifth day focuses on the use of the material used in the workshop. Participants review the value of the standardized accounting system and write plans for converting their agencies' bookkeeping to the system. The training manual includes an outline of each day's content and activities and the visual aids used in the course. The two other volumes in this three-volume series present guidelines for bookkeeping and financial reporting and an accounting overview for the social services manager and nonaccountant. See also related document, volume 1, SHR-0002768. Author abstract modified.

530. Katan, Yosef.
Patterns of Client Participation in Local Human Service Organizations: Conceptual and Operational Considerations.
1981, 17p
SHR-0009586 Pub. in Social Development Issues v5 n2/3 p134-150 Summer and Fall 1981.

Motives for introducing the client participation idea into local human service organizations (HSO's) are examined and used to develop a framework for analyzing actual cases of participation. The literature on client participation reflects a pervasive belief that individuals have a basic right to be involved in human services that influence their lives and that such participation minimizes feelings of powerlessness and isolation. Client participation is also viewed as an educating mechanism, therapy, and a source of data for HSO's. Others argue that client involvement broadens an HSO's base of support, helps control client behavior, and is a means of changing organizations and their professional workers. From a different perspective, concrete personal benefits are probably vital for inducing individuals to participate in organizations. The impact of these motives on implementing the citizen participation concept are discussed in terms of the participants' roles, their range of activities, and the participation forms. Participants can perform conformist, mediating, or changing roles and produce anywhere from a very limited to a very strong effect on the HSO. Organizations that view participation as a lipservice would tend to involve clients in marginal activities while those perceiving it as a method for change would encourage client involvement in a broad range of activities. Along a similar continuum, organizations can promote participation by employing clients, informing them about organization policies, allowing clients to provide information, and finally involving them in bodies with consultive or decisionmaking responsibilities. Tables illustrate different participation models. References are included.

531. Kimberly, John R.; and Miles, Robert H.
Organizational Life Cycle: Issues in the Creation, Transformation, and Decline of Organizations.
1980, 492p
SHR-0008937 Available from Jossey-Bass, Inc., 433 California Street, San Francisco, CA 94104.

This book focuses on the dynamics of organizational change. Following the cycle through its major phases (creation, transformation, decline), it explores issues relating to the internal processes of organizations, examines organizations in the context of the larger systems that they inhabit, and presents the results of longitudinal studies in various organizational settings. Among the organizations analyzed are a medical school, several child care agencies, a neighborhood health center, two universities, a kibbutz, and several companies related to the electronics industry. One chapter argues that the process of institutionalization generates a set of demands on an innovative organizational system that make it difficult to sustain the quality of innovation. An exploration of the role of learning in the creation and early life of organizations distinguishes two approaches to organi-

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zational learning—enactive and proactive—and argues that the enactive approach is more appropriate for the creation of innovative organizational settings. Several chapters examine transformation of organizations with special attention devoted to problem cycles in organizations and the management of change, drift in the development of innovative organizations, establishing and maintaining high commitment work systems, and organizational proliferation and density. The last section considers sources, responses, and effects of organizational decline; roots, processes, and types of organizational disintegration; organizational failure; and implications of organizational life cycle research. Tables, figures, subject and name indexes, and over 500 references are provided. Jossey-Bass Social and Behavioral Science Series.

532. Knapp, Sue F.; Worthington, Hannah; and Burkhardt, Jon E.
Ecosometrics, Inc., Bethesda, MD.
Wisconsin Manual to Coordinate Elderly and Handicapped Transportation Services in Rural and Small Urban Counties.
24 Dec 80, 263p
SHR-0009549 Available from U.S. Department of Transportation, UGM 21, Room 9314, 400 7th Street SW, Washington, DC 20590.

This manual, based on the development of coordinated elderly and handicapped transportation plans of three Wisconsin counties, is intended for use in the coordination of both specialized and public transportation in the State's other rural counties. The crucial concept is that of a graduation from cooperation to coordination and, ultimately, consolidation of all transportation services in a community or geographic area into a single unified system. Because total consolidation is hard to achieve, degrees of coordination are recommended. The objectives of coordination are to reduce expenditures, increase services, and improve resource use and service delivery. To achieve coordination, planners should begin with a needs assessment, compiling an inventory of the transportation services currently available and the target population's requirements. Objectives, strategies, and alternative approaches should be considered and a service design adopted. Alternatives are an information or an operational clearinghouse or a consolidated service agency. The probable cost, ridership range, probable revenue, and potential implementation issues should be determined. In developing a financial plan, aspects of the project budget, funding sources, billing and accounting, and recordkeeping should be considered. Finalizing the planning phase provides the link between the proposed service approach and the specific tasks required for setting up operations. Implementing the service will consist of a work plan and schedule, contracts, and operational and administrative procedures. The essential feature of the coordinated service is a lead agency that functions as a clearinghouse of either information or operations for the other area agencies that provide transportation services to handicapped and elderly persons. The consolidated service would result in a single new agency with centralized administration and service operations. Charts, graphs, and tables are provided; 62 references are given. Appendices contain examples of Wisconsin coordination projects and materials used in planning them.

533. Koff, Theodore H.
Long-Term Care: An Approach to Serving the Frail Elderly.
1982, 144p
SHR-0009588 Available from Little Brown and Company, 200 West Street, Waltham, MA 02154.

The history of long-term care is related to a new concept in which services are developed and coordinated to respond to the ever growing needs of the chronically disabled elderly. It discusses family support systems, alternatives to institutional care, assessment of long-term

needs, and the role of the health systems agency and licensing issues. Among the approaches to long–term treatment and care are institutional care, a commitment to rehabilitation, home health services, adult day health services, senior centers, congregate housing, nutrition services, and the continuum concept of long–term care. Statistics on the frail elderly are given, and core services are discussed in relation to the integrated home and service center model, the congregate service model, the home care model, and the institutional care model. The environment and administration of the long–term care system are discussed. Information, outreach, and referral; assessment; case management; service access; and data systems are considered major units in the core system. Also discussed are attitudes toward aging and illness and the development of multidisciplinary teams motivated by a caring philosophy. The evaluation of long–term care services' quality requires consideration of ethics, patients' rights, roles of the area agency on aging, and the health systems agency. Professional standards review, peer review, professional organizations, staff availability, patient assessment and case management, and financing are other facets that determine quality. Appended are significant long–term care legislation and program development dates. An index and about 300 references are given. Little, Brown Series on Gerontology.

534. Kovner, Anthony R.; and Neuhauser, Duncan.
Health Services Management: A Book of Cases.
1981, 250p
SHR-0009531 Available from Health Administration Press, 1021 East Huron Street, University of Michigan, Ann Arbor, MI 48109.

These case studies address several areas of health services management, including the manager's role, organization design, control strategies, and professional integration. Introductory papers provide a history of the case teaching method and suggestions regarding its use. Factors affecting personnel decisions are demonstrated by studies in screening applicants for the position of group practice administrator and resolving organization conflicts encountered by a junior manager who is line–responsible to a program director and staff–responsible to the chief controller in a multi–unit hospital. Various approaches to organization are illustrated by descriptions of matrix management in a hospital, efforts to coordinate State–based human services at the local level, and financial ties between a health maintenance organization and a university hospital. Other cases present different aspects of control from decisionmaking in a crisis situation to ongoing cost analysis in a health center and a hospital–based medical group practice. Dispute over a hospital's methods of paying radiologists and an administrator's concern over the substandard performance of a surgeon affiliated with the hospital provide evidence of conflicts that arise between administrators and hospital physicians. The final studies address organizational responses to new conditions and accountability from the viewpoints of a patient and the president of a hospital's board of trustees. Discussion questions accompany each case study. An index is included.

535. Lahti, Janet; Emlen, Arthur; and Troychak, Mary.
Portland State Univ., OR. Regional Research Inst. for Human Services.
Dissemination and Utilization of Permanency Planning Strategies for Children in Foster Care.
1981, 16p
SHR-0009568 Pub. in Children and Youth Services Review v3 n4 p357-372 1981.

This overview of the Permanency Planning Project (PPP)—a 4 1 / 2–year program to disseminate nationally the principles and methods of permanency planning for foster children—covers its history, results, and factors contribu-

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ting to success. The PPP was based on a demonstration project conducted by the Oregon Department of Human Resources and Portland State University's Regional Research Institute that reduced the State's foster care population by developing a decisionmaking framework, vigorous case management methods, and due process procedures to handle termination of parental rights. The PPP first worked with 15 States receiving Federal incentive grants and then extended its services to several States that decided to implement permanency planning on their own. Staff members prepared educational and training materials and conducted workshops and conferences to support these reform efforts. Technical assistance was provided through needs assessments, ongoing consultation with State personnel, onsite training, and legal consultation and training. Because use of project assistance was voluntary, the PPP viewed a sustained demand for technical assistance as evidence of a substantial commitment to permanency planning. Demand for staff training and help in training was strong, as was that for written and audiovisual materials. Finally, 45 percent of all State directors considered technical assistance critical to the success of their permanency planning program. The PPP's impact was also demonstrated by several reforms in the child welfare system, such as initiating periodic case reviews and new laws on the termination of parental rights in many States. References are included.

536. MacNair, Ray H.; and Carpenter, Ruth J.
Georgia Univ., Athens. Inst. of Community and Area Development.
Case Coordination: Designing Interagency Teamwork.
1980, 46p
SHR-0009340 Available from Institute of Community and Area Development, University of Georgia, 300 Old College, Athens, GA 30602.

This book addresses the problem of designing and implementing case coordination in local communities, with attention to alternative cost-effective approaches. Case coordination is defined, and its benefits for clients with multiple problems are described. Types of sponsorship and ways of arranging case coordination services are detailed, including creating a new center, colocating several agencies, giving coordination responsibility to an established agency, and networking. The discussion of procedural styles considers six approaches—authoritative, inventive, professional, humanistic, formalistic, and universal. Suggestions for fitting styles to structures are included. Steps in the practice of case coordination are outlined, followed by a partial listing of tools, such as training materials, a human service agency directory, assessment and evaluation instruments, and forms. Other chapters explore training needs and management techniques. Overall, the book stresses the advantages and disadvantages of each model for personnel and costs and identifies factors in actual practice that differentiate one type of coordination service from another. Charts and a bibliography are provided. Volume 5 of the Human Services Series.

537. Magill, Greta.
Institute for Health Planning, Madison, WI.
Linking Health Planning and the Block Grants.
Jul 82, 26p
SHR-0009607 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

States should take advantage of the existing health planning structure when designing and implementing a health block grant planning process. This paper outlines the major requirements of such a process, describes the skills that health planning can contribute to these activities, and suggests changes in the health planning program that may be needed to adapt itself to States' needs. Health planning agencies are experienced in assessing needs, inventory-

ing, and evaluating methodologies. They could assume various roles in implementing the planning process for block grants. The State Agency and the Statewide Health Coordinating Council (SHCC) could design and maintain the process for the administering agencies. Also, they could be mandated to provide written planning guidance that the administering agencies could use as they carry out the planning steps. Identification of needs for those services for which funds are provided under the health block grants is a requirement. This necessitates coordinating both programs included in the block grant and related programs that remain outside of any one block. The State Agency could be assigned to analyze the health care needs related to the health block grants and remaining categorical health programs. Other aspects of the health block grant process with which State Agencies can be involved are data management, priority setting, and evaluation. Basically, a broad orientation cutting across programs and linking health care priorities to available resources is now needed. A total of 14 notes are given.

538. Magura, Stephen.
Are Services to Prevent Foster Care Effective.
1981, 20p
SHR-0009569 Pub. in Children and Youth Services Review v3 n3 p193-212 1981.

This review of several project evaluations of crisis intervention and intensive service programs designed to prevent foster care placements concludes that neither model has been markedly successful. Crisis intervention programs are intended for families whose children must be placed unless some immediate improvement can be effected. Projects adopting this approach are first described, such as the Comprehensive Emergency Service in Nashville, Tenn., Youth Services, Inc., in Philadelphia, Pa., and the Bowen Family Center in Chicago, Ill. Discussion of these services emphasizes that methodological problems in the evaluations make it difficult to draw firm conclusions, but notes that characteristics of their client selection and referral processes may contribute to low placement rates. In many cases, the costs of crisis intervention compare unfavorably with that of foster family care. Intensive service programs are designed for families whose deteriorating situations put their children at risk of placement in the future. In this area, the review considers such major projects as Michigan's Parents and Children Together, the New York State Preventive Services Project, and the Hudson County (New Jersey) Preventive Services Project. Incomplete data on caseload reduction and lack of control groups again make it difficult to judge these programs' effectiveness, but preliminary results from an evaluation of the Hudson County project indicate that child placements have not decreased. Implications of these findings for prevention programs and policies are discussed, and a new direction focused on truly early intervention with children and families is proposed. References are included.

539. Massachusetts Mental Health Center, Boston. Vinfen Corp. for Positive Aging Services.
Community-Based Case Management as a Method of Accessing Services for Residents of Intermediate Care Facilities. Geriatric Assessment and Resource Center Model Project.
1 Mar 82, 465p
SHR-0009485 Available NTIS PC $33.00/MF $4.00

The Geriatric Assessment and Resource Center designed and implemented a model system of human services for the frail elders within the Massachusetts Mental Health Center catchment area in order to achieve an improved level of self-sustained community living for that population. The project created a mechanism through which community services and programs could become available to elders in nursing homes. The catchment area includes 41 nursing homes with 3,200 beds and a total population of 212,-

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000 people, with 35,000 of these individuals over age 65. Ten nursing homes were selected to participate, half as study sites and half as controls. Assessment procedures were part of either a research effort evaluating patient impact issues or a management process evaluating the effectiveness of interagency procedures in achieving common goals. Project objectives included decreasing the isolation of frail elders by increasing the availability of community resources, increasing the participation of nursing home residents' family and friends in service provision, developing a geriatric day treatment strategy, and expanding rehabilitation service programs. Final assessments of the population revealed that all study home residents were more mobile, all study home residents were more belligerent than those in control homes, and all study home residents were prescribed more drugs than controls. The mortality rate in study homes was half of that in controls. Implications of the results are discussed, and policy recommendations are offered. Case management forms and study products are appended. Author abstract modified.

540. Meinert, Roland G.; and Faherty, Vincent.
Appropriate Technology Transfer for Public Social Services.
1981, 6p
SHR-0008935 Pub. in Jnl. of Continuing Social Work Education v1 n2 p15-19,27 Spring 1981.

This article describes a joint effort by the Missouri Division of Family Services (MDFS) and the University of Missouri–Columbia's School of Social Work to develop and implement a training program in case management. The MDFS staff and social work faculty defined case management and surveyed staff attitudes on training and receptivity toward various training options. In field investigations, participants described needs related to themselves rather than to clients and emerged as workers who were struggling to survive in a demanding and emotionally turbulent work environment. Based on these findings, a three–phase curriculum was designed that first addressed management of the professional self and the work setting. Phase two focused on basic case management skills and phase three on advanced skills. During early 1980, 594 social workers participated in 4 days of phase one training in 3 different locations. Onsite evaluations of the time, stress, and information modules were extremely positive. Surveys of these workers after they returned to their jobs indicated that most had tried to apply the skills they learned to their work. Data from the followup interviews also revealed that some workers abandoned the new techniques because of pressures from large caseloads and others were not really in control of their time. Another group tried to transfer their stress and time management techniques to clients as a means of preventing family crises. Income maintenance workers in MDFS have noted the positive impact of training on their counterparts and requested a similar course. Tables and seven references are included.

541. Meltzer, Judith; Farrow, Frank; and Richman, Harold.
Administration on Aging, Washington, DC.
Policy Options in Long-Term Care.
1981, 244p
SHR-0009403 Available from University of Chicago Press, Administration Bldg., Room 400, Ellis Avenue, Chicago, IL 60637.

This collection of seven essays examines the policy issues involved in providing long–term care for persons suffering from permanent disabilities. The prevalence of chronic illness and disability among the elderly and the social factors associated with such illness and disability are explored. An examination of the way in which the United States has approached its responsibility for long–term care focuses on whether some assistance with basic care should be guaranteed to all citizens age regard-

less of and on whose terms long–term care should be offered. The resource allocation issues involved in establishing a system of long–term care are examined, with attention to the options open to policymakers as they decide who can and should be served under a national system of long–term care. Considerations underlying the establishment and operation of delivery systems are addressed. A discussion of the financial aspects of long–term care services focuses on the strengths and weaknesses of possible additional sources of financing and selected types of reimbursement systems. Research needs to estimate costs of policy alternatives are also discussed. Four basic policy options are presented: (1) improvement in existing long–term care programs, (2) a new Federal benefit program for long–term care, (3) an income strategy to give people the resources to obtain care for themselves, and (4) encouragement of private sector initiatives in long–term care. It is recommended that the major thrust of policy change consist of a broadened Federal income strategy supported by expanded service and resource development. Other recommended changes include using functional limitation as the basic eligibility criterion, avoiding any age cutoff for eligibility, and ensuring access to care for people of all income levels. Figures, tables, chapter notes, and an index are provided. Papers from a Symposium on Long-Term-Care Policy Options held in Williamsburg, Virginia, in June, 1980.

542. Michigan Univ., Ann Arbor. Inst. of Gerontology.
As Parents Grow Older: A Manual for Program Replication.
1981, 278p
SHR-0009494 Available from Child and Family Services of Michigan, Inc., PO Box 548, 9880 East Grand River Avenue, Brighton, MI 48116.

This manual is a practical step–by–step guide to enable professionals and social agencies to provide an As Parent Grow Older (APGO) program in their communities for families of the aged. The manual was produced by a collaborative project between the Child and Family Service (CFS), Inc., of Michigan and the University of Michigan's Institute of Gerontology. It was written and field tested in seven CFS branches and used by other communities in Michigan, Texas, and four national demonstration sites. APGO is designed to provide a small group experience for adults who have older parents or relatives and need some practical knowledge to understand their older relatives' changing needs as well as their own attitudes toward these needs. These support groups meet for six 2–hour sessions and are led by a trained facilitator. An overview of the APGO program covers objectives, content, group participants, and the facilitator's role. The next section focuses on interaction between group members and the facilitator, with attention to the facilitator's responsibility to interweave the therapeutic and educational dimensions of the program. Suggestions about advertising, public relations, the physical setting, and equipment are offered. The six sessions treat the general topic of understanding the psychological aspects of aging, chronic illnesses and behavioral changes with age, sensory deprivation and improving communication, living arrangements and shared decisionmaking, community resources, and dealing with feelings. The content of each session is described in detail, along with suggestions regarding references, audiovisual materials, and tactics to guide discussion. The appendices contain publicity materials, handouts, and about 100 references.

543. Midpeninsula Health Services, Inc., Palo Alto, CA.
Better Way: Final Report of the Senior Health Services Project.
Aug 81, 262p
SHR-0009490 Available from Midpeninsula Health Service, Inc., 457 Kingsley Avenue, Palo Alto, CA 94301.

543.

This report describes and evaluates a demonstration of a comprehensive system of health and social services located in Palo Alto, Calif., and designed to serve frail elderly persons whose chronic illnesses and disabilities threatened to compromise their noninstitutional status. The Senior Health Services Project, a 2-year model project, was jointly sponsored by two community-based agencies, the Palo Alto Senior Day Health Program and the Midpeninsula Health Service, a licensed primary care clinic and home health agency. Project services included a multidisciplinary team, a medical component, case management, a senior day health program, home health and hospice care, homemaker service, respite beds, and a family group program. The project served 76 elderly persons and their families. The participants had a mean age of 79.7 years. Over half lived with their families, while about 11 percent lived alone and the rest lived in some type of 24-hour care setting. They had an average of 4.5 medical diagnoses at the entry to the project. Almost half carried a diagnosis of senile dementia. The evaluation research addressed sociodemographic characteristics, physical and mental functions, medical conditions, service use, family caregiving role, family stress, and family satisfaction. In addition, five descriptive case studies were completed, and the effectiveness of three service components—case management, the respite bed, and the family health education and support group—was evaluated. Findings showed the desirability of this type of integrated, flexible approach to the long-term care of frail elderly persons. It was concluded that the current health care delivery system is inappropriate to the needs of the frail elderly and that a multidisciplinary team of health professionals is best suited to meeting their needs. Suggestions for changes in the organization, financing, and licensing of services are made based on this experience. Tables, a list of 47 references, and appendices presenting forms and related materials are provided. Author abstract modified.

544. Milt, Harry.
Public Affairs Committee, Inc., New York.
Family Neglect and Abuse of the Aged: A Growing Concern.
May 82, 30p
SHR-0009535 Available from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016.

The pamphlet looks at the extent of abuse of the elderly, factors involved in neglect and abuse, and strategies for intervention in and prevention of the problem. Several million elderly persons, a minority of the total elderly population, are abused and neglected by family members. Neglect of elderly persons involves depriving them of adequate food and clothing, sanitary care, shelter, heat, etc. Abuse usually involves inflicting physical injury or restraint, psychological mistreatment, financial exploitation, forced changes of living arrangements, and misuse of drugs. Elderly persons' helplessness and dependency contribute to their abuse and neglect as does the caretaking relative's inability or unwillingness to provide for them. Caretakers may themselves be feeble or suffering from stress and thus unable to care adequately for an elderly relative. Society's attitudes—condoning family violence and viewing the elderly as intellectually ineffective—may also lead to abuse and neglect. Although the elderly can initiate civil and criminal actions against their relatives, they are often physically, mentally, or emotionally incapable of doing so. A model protective service and abuse reporting law is recommended, as well as a protective services system that States can follow in setting up their service systems. Government programs should share the burden of caring for the elderly with their families, as the task is often too difficult for families to handle alone. Case studies and a list of resources are included. Public Affairs Pamphlet no. 603.

545. Montgomery County Board of Mental Retardation and Developmental

Disabilities, Dayton, OH. Residential Services Div.
Community Acceptance: A Realistic Approach.
Mar 81, 31p
SHR-0009426 Available from Montgomery County Board of Mental Retardation and Developmental Disabilities, 2610 Philadelphia Drive, Dayton, OH 45405.

The study determines whether the use of seven group homes in Montgomery County, Ohio, for individuals with mental retardation has had any adverse affect upon the value of properties in the neighborhoods where these homes are located. A complete study was made of the housing market as to type of home and sales price prior to the time of occupancy by the homes. A study was then made of the sales in the area after occupancy of the homes by the mentally retarded to see if the occupancy of the homes had any adverse affect on the neighborhood. Neighborhood opinion was also surveyed. Findings indicate that property values in neighborhoods with group homes have the same increase in market prices as other similar neighborhoods. Adjacent properties did not experience property value declines, and neighborhood property turnover was similar to rates in neighborhoods with no group homes. Most respondents to a survey on group homes felt that the mentally retarded should have the same civil and human rights as others, that they should have the right to live in a community setting, and that a group home can help a neighborhood to better understand and appreciate persons with disabilities. Moreover, 46 percent of persons living near group homes felt that the homes had not affected their property values; 29 percent were undecided. Tables are included, and an appendix presents the neighborhood survey, 13 references, a fact sheet, and a listing of researchers' credentials.

546. Moore, Kristin A.; and Burt, Martha R.
Urban Inst., Washington, DC.
Private Crisis, Public Cost: Policy Perspectives on Teenage Childbearing.
1982, 166p
SHR-0009634 Available from The Urban Institute Press, 2100 M Street NW, Washington, DC 20037, order number URI33900.

The issues of teenage pregnancy and parenthood are the subject of policy options developed from research on the prevalence and personal consequences of teenage births, public programs available to assist pregnant teens and teen parents, and the societal costs of teenage childbearing. Investigations have also concerned sex education programs in public schools and evaluations of comprehensive programs for pregnant teens and teen parents funded by DHHS. This volume synthesizes much of this research. Policy recommendations outline family, community, and government actions and policies that can reduce the probability of teenage girls ending as women on welfare. The studies demonstrate that intervention is easier and less costly the earlier it occurs in the decisionmaking process and the closer it occurs to the individuals involved. Tables and over 200 references are supplied.

547. Muzzio, Timothy C.; Koshel, Jeffrey J.; and Bradley, Valerie.
Urban Inst., Washington, DC.
Alternative Community Living Arrangements and Non-Vocational Social Services for Developmentally Disabled People.
Oct 81, 418p
SHR-0009540 Available NTIS PC $30.00/MF $4.00

This document explores issues in the 1980's that will confront professionals who coordinate alternative living arrangements and nonvocational services for developmentally disabled persons. An introduction summarizes the 1978 amendments to the Developmental Disabilities

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Act and identifies major features of alternative community living arrangements and social development services. Papers then assess the trend to consolidate clients and programs into more generic structures, arguing against moving too quickly to give up the system of specialized services that is currently part of public policy. Discussions on manpower issues consider projected staffing needs, labor market trends, high employee turnover rates in residential facilities, and recruiting primary and secondary caregivers. Following a review of major principles involved in client participation, another presentation describes the growth of the self-help advocacy movement among developmentally disabled citizens. A history of deinstitutionalization and system reform demonstrates the need for new monitoring practices that reflect altered relationships between State bureaucracies and service providers. Another analysis of accountability focuses on State licensing and certification techniques and advances several means of carrying out local quality assurance activities. Papers on program financing trace the history of funding developmental disabilities services, detail economic factors that will affect future funding, and outline steps that should be taken to maintain past gains. Finally, the evolution of community-based programs is discussed along with problems they have encountered. References are included.

548. Nahemow, Lucille.
New York Univ. Medical Center. Office of Urban Health Affairs.
People Care for People: Providing a Missing Link in the Chain of Natural Support Systems.
1981, 96p
SHR-0009497 Available NTIS PC $10.50/MF $4.00

This report details the methodology and accomplishments of the People Care for People project that trained social work, medical, and nursing students at New York University to reach groups of older people in the New York City community, who were their own primary caregivers as well as caregivers to other elderly persons, and provide them with needed health information. Training given to student interns between September 1979 and May 1980 is reviewed. Early sessions created an interdisciplinary assessment tool for use with the homebound elderly, while later classes focused on specific health education issues, such as medication, senility, and patient advocacy. The report then describes the outreach program initiated between July 1979 and February 1980 to bring people into the ongoing health education support groups. Discussion topics, participants' characteristics, attendance, and innovative presentation methods developed to meet the increasing demand for health education classes are covered. Themes that emerged throughout the various group sessions included difficulty in communicating with health care professionals, aging in the health care system, and difficulty in negotiating with social service agencies. Health education materials developed by the project are described, including a local directory to community resources for the elderly, a comprehensive health guide manual, and a videotape presentation on health advocacy issues and older people. Recommendations relating to services for the elderly emphasize that project participants were very interested in their own health and preventive measures and were flexible about changing lifestyles to maintain good health. The appendices contain the project's evaluation, informational materials, and the interdisciplinary assessment instrument.

549. Nathan, Richard P.; Cook, Robert F.; and Rawlins, V. Lane.
Brookings Institution, Inc., Washington, DC.
Public Service Employment: A Field Evaluation.
1981, 121p
SHR-0009573 Available from The Brookings Institution, 1775 Massachusetts Avenue NW, Washington, DC 20036.

This study analyzes the intergovernmental effects of the public services employment (PSE) component of the 1973 Comprehensive Employment and Training Act and was based on information collected in a representative sample of 40 urban, suburban, and rural jurisdictions during 1977 by a network of field researchers. The project first examined to what extent local and State governments actually created new positions and hired unemployed persons who would not have been hired without Federal funds as opposed to simply replacing local money with Federal money. The results of this analysis showed that displacement was not inconsequential, but was lower than many persons had thought. A second major area explored was PSE's effectiveness in targeting program activities to appropriate people, creating training opportunities for these people, and helping them make the transition from subsidized public jobs to unsubsidized jobs. This discussion emphasizes that the PSE program is a policy bargain among conflicting interests, but that this situation strengthened certain aspects of PSE as a job training program in many jurisdictions. The study also reviewed the types of services provided by PSE and their importance to local officials. The field data showed that the PSE positions were heavily concentrated in the primary services, such as public works, utilities, and sanitation. Participants in all categories usually held low-pay, low-skill jobs. Some services provided by PSE, however, were quite important to local officials and the community. The final chapter discusses the role of nonprofit organizations under the PSE program. Tables and references are included.

550. National Association for State Information Systems, Lexington, KY.
Information Systems Technology in State Government: 1981-1982 NASIS Report.
1982, 415p
SHR-0009446 Available from The National Association for State Information Systems, PO Box 11910, Lexington, KY 40578.

The report presents an annual "snapshot" of the state-of-the-art in information systems and other computerization in the States, provides data for analysis of trends in State information systems, and is designed to increase the exchange of information among the States on information systems legislation and funding and on actual systems design. Classes of data covered include coordination and control of information systems, computer inventory, personnel, training, difficulties experienced in electronic data processing management, formalized plans and documentation, applications, and funding. Data also cover intergovernmental information systems relationships, data security and privacy, and transfer projects. Findings show that increased emphasis on the coordinating function in the management of information processing resources may indicate that attention is being given to the proliferation of installations in order to forestall inefficient or duplicated services. Classification of central processing units is becoming more difficult as capacities overlap in ever-increasing dimensions. Little change is noted in the method of acquiring data processing equipment, but statewide data processing plans have become more prevalent and are kept up-to-date. Finally, States spend approximately $1.8 billion on information systems, which represents about .07 percent of State outlays, and user charges continue to provide a majority of information systems funding. Separate sections on judicial applications, computer installations, communications and data entry equipment, and off-line peripherals are appended. A total of 25 tables are included.

551. National Association of State Units on Aging, Washington, DC.
Advocacy Responsibilities and Activities of State and Area Agencies on Aging.
May 82, 18p
SHR-0009508 Available from National Association of Area Agencies on Aging, 600 Maryland Avenue SW, Suite 208, Washington, DC 20024.

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551.

This report describes and analyzes the many advocacy responsibilities and activities of State and area agencies on aging. Review of the total advocacy efforts of these agencies and practices should serve as a reference source about State and local leadership and for planning and evaluating advocacy efforts at the State and local levels. The historical development of State and area agencies on aging is outlined, and ways in which these agencies carry out the mandate of the Older Americans Act are delineated. Advocacy is characterized by five elements: strategies, group, arena, goal, and beneficiary. Direct advocacy strategies to bring about change for the benefit of the elderly include testifying before legislative, executive, and regulatory bodies; reviewing and commenting on plans, budgets, and policies affecting older persons; and creating coalitions of public and private agencies to work together on behalf of older persons. Indirect advocacy strategies involve funding particular advocacy efforts such as a Medigap hotline, technical assistance in numerous areas, and training in advocacy skills. The effectiveness of State and area agencies on aging as principal advocates depends on several variables, including available resources, staff cohesiveness, surrounding environment, and location within or outside of government. Advocacy takes place in seven main arenas, including office of the Governor, State and local agencies, State legislature, and Federal agencies. Advocacy aims to increase job opportunities for the elderly, reduce property taxes and rent, and bring about new client services. State and area agency goals will be determined largely by the needs of the elderly who are the beneficiaries of the advocacy. However, all area agencies on aging work toward protecting and enhancing older persons' rights and benefits. Five notes and about 20 references are given.

552. National Council on the Aging, Inc., Washington, DC.
Working With the At-Risk Older Person: A Resource Manual.
Dec 81, 548p
SHR-0009572 Available from The National Council on the Aging, Inc., 600 Maryland Avenue SW, West Wing 100, Washington, DC 20024.

This manual contains a wide variety of readings on defining the at–risk elderly population and methods of meeting their particular needs and was prepared to supplement a training course for persons in this field. The introductory article discusses Maslow's "Hierarchy of Felt Needs" as a philosophical approach to human services that is both humanistic and practical. The next group of papers concern definitions of the frail elderly, statistics on this population, legislative definitions of handicapped populations, and implications of Section 504 of the 1973 Rehabilitation Act for at–risk older persons. Services needed by the frail elderly are addressed by articles on assessment instruments, sensory changes in older persons, and services to help these individuals remain in their own homes. Blindness and loss of hearing are also considered. Specific examples of community support systems developed for the frail elderly are described, with attention to informal networks of assistance as well as senior centers and adult day care facilities. Other readings examine crisis intervention programs, protective services, and special housing needs. The manual shifts to strategies for working with the at–risk elderly in group situations and the benefits that group activities offer these individuals. Methods of overcoming barriers to group participation such as hearing or sight impairments are outlined by several articles, while others describe work with elderly persons released from mental institutions, persons suffering from arthritis, and the older alcoholic. The final readings offer guidelines on formulating action plans that produce and promote change in the at–risk client and explore the case manager's role. A bibliography is appended.

553. New Jersey State Dept. of Human Services, Trenton. Developmental Disabilities Council.
New Jersey State Plan for Services to the Developmentally Disabled: 1982 Update.
1982, 58p
SHR-0009537 Available from New Jersey Developmental Disabilities Council, 108-110 North Broad Street, CN700, Trenton, NJ 08625.

This monograph describes the organization and responsibilities of the New Jersey Developmental Disabilities Council, the administering agency involved in developing and administering the State plan for the disabled population. The basic characteristics of the developmentally disabled population of New Jersey are described, along with estimated service needs. A review of the organizational framework, service and resource availability, and quality of the current service network is given. A section on gaps in developmental disabilities programs assesses service shortfalls and delineates the network capability service–by–service to address the estimated needs of the developmentally disabled population. The discussion relates council goals and objectives to its budget and identifies funding sources and objectives. A description of assessment and evaluation procedures also discusses the skill level standards and training programs for persons who work with the developmentally disabled. The monograph concludes with a description of special programs operated by the developmental disabilities service network and with assurances that New Jersey will operate the developmentally disability program in a manner consistent with program rules and regulations. Tabular data and figures are provided.

554. Newington Senior Citizen Center Study Committee, CT.
Facilities and Services for the Elderly: Present and Future. A Community Opinion Survey.
Jul 82, 36p
SHR-0009615 Available from Newington Senior Citizen Center Study Committee, Department of Social Services, 131 Cedar Street, Newington, CT 06111.

This paper reports the results of a 1982 survey mailed to 4,000 Newington, Conn., residents to assess the need and community support for a senior citizen center. Half the sample was selected from a mailing list of persons over 60 based on 1980 census records while the other half was drawn from voter registration lists. The response rate from elderly residents was 16 percent, while that for the nonelderly was 6 percent. Elderly returns were judged atypical of the entire elderly population, based on the conclusion that a higher proportion of the elderly who attended the Newington senior center responded. Sharp differences emerged between elderly and nonelderly respondents regarding desirable services for senior citizens. The top five services for the nonelderly were social services, while elderly respondents placed only one social service in their top five. Furthermore, 80 percent of the elderly respondents failed to answer this question compared to 29 percent of the nonelderly. Extrapolation of the elderly survey data indicated that a minimum of 589 residents use or would use recreational or social services at centralized or satellite sites. Survey results revealed that 47 percent of the nonelderly were certain of their willingness to pay for senior citizen facilities and services compared to 35 percent of the elderly respondents. This low level of support may be correlated to low income levels among the elderly. Only 7 percent of both groups were willing to contribute time to the delivery of services or operation of the center. Tables showing response rates to individual questions and the survey instrument are included.

555.

555. Newman, Harvey; and Wijk, Alfons Van.
Institute for Management Improvement of Nonprofit Organizations, Coconut Grove, FL.
Self Evaluation for Human Service Organizations.
May 80, 112p
SHR-0009420 Available from Greater New York Fund/United Way, 99 Park Avenue, New York, NY 10016.

The manual provides human service organizations with a step–by–step methodology for self–evaluation, including suggested forms and procedures. It presents case studies on self–evaluation of three human service agencies that participated in a pilot project. An introduction outlines the purposes, benefits, and conditions of success for an evaluation. It describes the evaluation process as consisting of the following steps: organizing for self–evaluation, identifying the mission, describing programs, identifying program goals, defining program objectives and measures, defining case objectives and measures, evaluating cases and programs, and planning program improvements. Evaluation concepts and definitions are provided. A brief description of each step in the evaluation, its purpose, and the methodology or process to be used is presented along with a specific form to be used in each step or a discussion of the type of forms to be used. A list of important factors to consider in carrying out each step is included. The case studies have been adapted for illustrative purposes. Self-Evaluation Manual.

556. Office for Senior Citizens and Handicapped, Chicago, IL.
Chicago Senior Citizen Self Help Project.
1981, 56p
SHR-0009487 Available NTIS PC $9.00/MF $4.00

This document describes the methodology and findings of the Chicago Senior Citizens Self–Help Project, an effort to develop a model for an informal support network through existing senior citizen groups and clubs. The 2–year project was staffed by a coordinator, five field staff professionals, a research analyst, and an administrative assistant. After a telephone survey of 522 senior clubs and group leaders, the project selected 50 groups representing diverse ethnic, racial, and economic level memberships. Following a presentation on the project's self–help concepts, 47 groups agreed to participate and received seed money for developing project needs assessments, work programs, budgets, recordkeeping, and resource utilization. Technical assistance was provided through workshops, leadership meetings, and individual counseling. The project also developed a resource manual for self–help groups, gave public recognition to the groups, and organized a national conference using the self–help group volunteers as primary resource people. Specific implementation issues addressed by the report include staff training, startup procedures, seed money guidelines, and fundraising. Examples of the wide variety of projects undertaken by the groups are provided. The project conducted research throughout the grant period to evaluate the effectiveness of informal self–help groups, based on interviews with self–help volunteers, the elderly receiving self–help services, and some nursing home administrative staff. It concluded that senior citizens groups and clubs were a viable source of informal support to the elderly, but that the following variables had a significant impact on the expansion and development of self–help groups: motivation, group leadership, group structure, and the impact of professional staff intervention. A map and charts on the individual groups are appended.

557. Office of Human Development Services, San Francisco, CA. Region IX.
Grantee Financial Management Development Workshop: Instructor's Manual.
Jul 81, 124p
SHR-0008513 Available NTIS PC $12.00/MF $4.00

This instructor's manual was prepared for a two–day workshop in financial management conducted for recipients of Human Development Services grants. Identification of grantee problems was derived from onsite evaluations of Head Start programs, but the course can be adapted to accommodate local priorities. The first section provides an overview of the workshop's content, identifies instructional aids, and offers suggestions on scheduling class time. The text of the participant's notebook contains annotations for the instructor and is keyed to supplemental materials, class exercises, and references. The text examines cost principles, grant administration, and internal controls. The nine items that can be used as handouts or references include a list identifying allowability of costs for selected items, a grant application checklist, budget worksheets, financial reports, and a discussion of audit concerns. The manual concludes with the following exercises designed to vary the learning experience and enhance understanding: determining Federal matching share, preparing financial reports, preparing monthly budgets, calculating Federal proceeds from a property sale, applying Federal procurement standards, and determining cash requirements. See also related document, SHR-0008514.

558. Office of Human Development Services, San Francisco, CA. Region IX.
Grantee Financial Management Workshop: Participant's Notebook.
Jul 81, 123p
SHR-0008514 Available NTIS PC $12.00/MF $4.00

Prepared for a two–day workshop in grantee financial management, this participant manual covers cost principles, grant administration, and internal controls. The materials address the most common concerns and problems faced by recipients of Human Development Services grants that were drawn from onsite evaluations of Head Start programs. An introduction identifies the responsibilities of the chief financial officer in an organization receiving a Federal grant. Following an overview of the workshop, the text discusses direct and indirect costs and the allowability of costs. The section on grant administration considers matching, grant–related income and reimbursements, the application process, accounting and reporting, and audits. Topics treated under internal controls are grantee salaries and benefits, property management, procurement, and cash management. Supplemental materials include a list identifying allowability of costs for selected items, documentation of the nonfederal share, budget workshops, and a sample auditor's agreement. Also provided are class exercises in determining Federal matching share, preparing financial reports, preparing monthly budgets, calculating Federal proceeds from a property sale, applying Federal procurement standards, and determining cash requirements. The text's format provides space on each page for note-taking. See also related document, SHR-0008513.

559. Ohio Association of Child Caring Agencies, Inc., Columbus.
Guidelines for Protecting the Child in Residential Group Care.
28 Feb 82, 76p
SHR-0009547 Available from Ohio Association of Child Caring Agencies, 360 South Third Street, Room 309-C, Columbus, OH 43215.

This manual presents standards and implementation guidelines for discipline policies and procedures for reporting, investigating, and correcting incidents of child abuse and neglect that might occur in group care facilities for children in Ohio. Part One contains standards for discipline policies, beginning with the recommendation that all residential facilities have written policies that are communicated to residents, their parents, and staff. The consequences of abuse and neglect are discussed with examples of harmful physical and emotional abuse and inappropriate treatment. Standards then address intake requirements, the physical environ-

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ment, staffing, and children's personal needs. Areas treated by problem management criteria include corporal punishment, cruel and painful punishment, use of seclusion and timeout, and psychotropic medication. A child's rights are defined, as are advocacy services that institutions should provide. Standards concerning staff address training, orientation, education qualifications, staff development, and performance measures. Part Two first presents standards for developing a critical incident reporting system and then considers recordkeeping procedures, reporting physical restraint and sexual abuse, internal investigations, and corrective actions. The appendices contain a paper on approaches to discipline for direct care workers, sample recordkeeping forms, Ohio statutes on child abuse and neglect, behavior guidelines for institutional staff, indicators of abuse and neglect, sample policies on children's and staff rights, and a bibliography.

560. Osman, Jack.
Institute for Local Self Government, Berkeley, CA.
Program Integration: Determining Its Cost Effectiveness.
Feb 82, 39p
SHR-0009394 Available from Institute for Local Self Government, Hotel Claremont Building, Berkeley, CA 94705.

This report explains the concept of cost–benefit analysis and shows how to do a cost–benefit analysis of social and human services linkage projects. The manual begins by explaining the method of comparing the dollar costs of a program to the dollar amount of the benefits. Cost effectiveness is also discussed, which requires judging the cost required to produce a certain effect difficult to measure in dollar terms. A design for cost–benefit analysis is then outlined, which provides a way for organizing collected program information and articulating the program goals (i.e., target group, desired impact, and program approach). Tips are also given on obtaining agreement from management and policymakers on the type of design selected and the use to be made of analysis results. The most acute problem of social services cost–benefit analysis is deemed to be the attribution of a dollar value to the costs and benefits of the program. Benefits that can and cannot be measured in dollar terms are identified; their inclusion in the analysis is shown, and all the groups to which benefits of linkage programs accrue are specified. Weighting benefits and how to attribute full or partial value to certain benefits in the final analysis are explored. Finding and measuring the costs that extend a program's expenditures beyond budget are also explained. Additional discussion focuses on developing bench marks for comparison with other programs and on selecting the optimal time of program life for a cost–benefit analysis. The manual concludes with a step–by–step guide for the performance of a cost–benefit analysis of a linkage program. Tabular data, a 10–item bibliography, and appendices are supplied. Social Policy Series, no. 2. See also related documents, no. 1, SHR-0009393; no. 3, SHR-0009395; no. 4, SHR-0009396.

561. Otis, Pat; and Wood, George.
Austin Independent School District, TX.
Community Education Proven Practices: Local Government Participation. Federally Funded Local Community Education Projects.
1981, 88p
SHR-0009593 Available from Community Education Program, Department of Education, 7th and D Streets SW, Washington, DC 20202.

The Austin, Tex., local government, the local citizen group, and the local school district cooperated in 1973 to develop a better quality of community life through community education. The city's education project targeted youth problems, including truancy and vandalism, and adult crime and unemployment problems. This report traces the history of this cooperative ef-

fort, focusing on the problemsolving structures formed out of the developmental dynamics. Four community education models were investigated: a school district model whereby the independent school district would totally fund and administer the project; a local government model whereby the city would be responsible for the project; a citizen nonprofit corporation model whereby the project would be independently controlled; and a citizen–city–school district model, which would incorporate benefits of all three participants. The group task force analyzed the costs and benefits of each model and recommended the citizen–city–school district model. After acceptance, the project was expanded to include five new community schools. The city and school district agreed that the school district would administer the program, but both groups would equally fund it and share in the long–range planning. A consortium composed of representatives from the city, school district, various local organizations, and each community school advisory council was formed to give high–level input into the process. Austin's experiment was recognized by Federal and State governments and associations, which emboldened other communities to attempt the same. Administrative issues faced by the principles in the project are discussed. About 70 references are cited. Appendices include tabular data, community coordinating procedures and resolutions, and other information.

562. Pacific Consultants, Berkeley, CA.
Major Title XX Issues: An Analysis of Several Key Planning and Funding Practices Utilized in Social Services.
Sep 79, 99p
SHR-0006525 Available NTIS PC $10.50/MF $4.00

This study assessed several key factors affecting Title XX including Title XX planning and decisionmaking, substate allocations, citizen participation, Public Law 94–401 as it related to day care and group eligibility, and social services funding source utilization. Data were collected by interviewing key personnel in 10 States: Arizona, Delaware, Kansas, Louisiana, Maine, New York, Ohio, South Dakota, Tennessee, and Washington. The analysis of planning and decisionmaking found that the legislatively controlled State budget process substantially influenced the Title XX program. Almost all services were mandated by the State, leaving few opportunities for choice or change by local areas. The range of services generally had not changed since the inception of Title XX, but had become institutionalized and centralized. Allocation procedures were used by 8 of the 10 States, based on a formula that combined general population and poverty measures. In the realm of citizen participation, most States used citizen advisory boards as the primary vehicle for obtaining public input. Data also revealed that most participation came from providers, vested interest groups, and advocacy groups rather than the client population. Although Public Law 94–401 provided a welcome additional source of funds for States' Title XX programs, the study discovered that these funds were only marginally used to upgrade day care programs and that few States used the group eligibility option. Because of the Title XX ceiling, more States are seeking additional sources of Federal funds to support their social services. Fiscal, programmatic, and organizational considerations that affect the use of alternative funding sources are examined, and patterns are identified in specific service areas. Policy implications of the study's findings are explored. Charts and about 45 references are included.

563. Pati, Gopal C.; Adkins, John I.; and Morrison, Glenn.
Managing and Employing the Handicapped: The Untapped Potential.
1981, 365p
SHR-0009592 Available from Brace Park Press, PO Box 526, Lake Forest, IL 60045.

Addressed to employers, rehabilitation professionals, and other interested parties, this book

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advocates the employment of qualified handicapped workers as an advantageous business measure. It contends that handicapped people constitute an underutilized human resource of great potential value to employers. The handicapped are often highly motivated to succeed at regular jobs, to be personally independent, and to contribute to society. Because they are screened twice, once by the rehabilitation service and once by the employer, handicapped workers properly trained and placed are likely to increase the employer's productivity. Many corporations and organizations have successfully hired disabled workers and altered personnel practices to accommodate these workers with no significant costs or inconveniences. To facilitate more widespread tapping of the handicapped workers' potential, various issues of handicapped employment are discussed, beginning with the diversity and size of the disabled population. The legal framework within which employers and rehabilitation personnel work is outlined and compliance requirements identified. Rehabilitation agencies can work with employers to solve personnel problems, and some model agencies are investigated. Details are given on how to design and implement an effective recruitment and placement system with management ideas derived from models in corporations, small businesses, unions, and public organizations where these techniques are in use. The technological aids that are available to help disabled workers perform a great number of jobs are described. Accessibility standards for worksites are delineated, and tips given to facilitate the logistics of getting people in, out, and about the worksite. Also addressed are the training and consciousness raising necessary for managers, supervisors, and employees. Notes and tabular data are given. Appended are a summary of disability codes and a directory of organizations. Errata sheet included. Brace-Park's Human Resource Application Series.

564. Pattakos, Alex; and Smith, Russell L.
Northern Illinois Univ., DeKalb. Center for Governmental Studies.
Interagency Coordination in the Illinois Employment and Training System: A Blueprint.
1982, 91p
SHR-0009621 Available from Center for Governmental Studies, Northern Illinois University, DeKalb, IL 60115.

This blueprint is the product of a research and demonstration project in Illinois and offers a practical, theoretically based resource for human services professionals in the employment and training arena who must develop and implement interagency coordination strategies on behalf of their clientele. It is also designed to increase the professional competence of human services personnel responsible for planning, managing, delivering, and / or evaluating human services coordination efforts at the local community level. The blueprint focuses on the conceptual and practical issues, experiences, and concrete skills necessary to develop and implement interagency coordination strategies. It attempts to increase the understanding of the range of linkage / coordination processes and models available, to develop insight into the various approaches to linkage development, and to broaden the knowledge of the latest research, community experiences, and government policy changes in the field of interagency coordination. The discussion of general considerations relates to the rationale for coordination, employment and training as a facet of the social service system, and needs assessment of the community. Alternative models for coordination are approached in terms of a typology of interorganizational relations and the facilitators and barriers to interagency coordination. The Illinois field experience illustrates applications of the methodology for assessing the community profile—its regional, population, and socioeconomic features; its economic base, labor force, and political characteristics. Inventorying of the existing service system is described, as is the profiling of attitudinal, behavioral, and or-

ganization dimensions of interagency coordination. Appended are study instruments and a bibliography of over 150 entries. Charts and tables are given. Project Scope product.

565. Paul, Joseph; and Mono, Mary K.
Geriatric Authority of Holyoke, MA.
Comprehensive Geriatric Services Development Project.
1981, 63p
SHR-0009501 Available NTIS PC $9.00/MF $4.00

This report describes the history and activities of a project to develop a semi–independent municipal agency to develop comprehensive geriatric services in Holyoke, Mass. The Geriatric Authority of Holyoke (GAH) was established in 1972 by an act of the Massachusetts Legislature. It was authorized to develop and administer a geriatric care center combining long–term residentiai and community–based social geriatric services. GAH is unique in its organizational framework as a special public body, which has considerable autonomy but in some areas is subject to the approval of the mayor and / or the aldermen. GAH is both a direct provider of services in various facility–based settings and the coordinator of community–based programs in the municipality. A complete continuum of programs and services are currently in operation. While several sources of funds are used to support the specific services, the structure of GAH permits the financing of both capital projects and operating expenses through revenue–generating public bonds and notes. The experience of developing GAH has demonstrated that even the most dedicated voluntary body will find it difficult to carry out an extensive development program without adequate staff support. In addition, such an organization needs adequate resources to support development activities over a lengthy period. Additional conclusions, a description of the organization's administration, and appended tables and figures are provided. Author abstract modified.

566. Pearl, Arthur; Grant, Douglas; and Wenk, Ernst.
Value of Youth.
1978, 320p
SHR-0008862 Available from International Dialogue Press, PO Box 924, Davis, CA 95616.

This collection of 20 articles addresses social and structural factors that contribute to the alienation of youth in the United States and describes innovative programs that value youth. An introductory paper emphasizes the devaluation of youth in the contemporary job market and education system and identifies the important needs of adolescence that a modern technical society fails to meet. The section on alienation as a way of life begins with a discussion of employment problems faced by youths and then shifts to the relationships between delinquency and employment and schooling. A view of youth alienation in the school setting attributes the rise of adolescent suicide to growing self–centeredness and a breakdown in institutional integration. Other papers criticize this theory, commenting that it minimizes institutional factors that produce social problems and places too much blame on schools. All agree, however, that young people face increasingly difficult circumstances. The second group of articles describe projects that have involved youths and reduced the pain experienced during adolescence. These presentations show how students planned an employment program and learned about history and government by mounting a campaign for student rights. Also examined are experience–based career education projects, alternative schools, and programs to motivate disinterested students to learn, such as the Foxfire concept that has students research and write about their own communities. The final paper identifies key elements in a new national youth policy, such as youth involvement, an emphasis on productive participation in society, and removal of barriers between work and education. Chapter references are provided.

567.

567. Pennock, Mike; Louwe, Kim Van; and Bloomfield, Elizabeth.
Social Planning and Research Council of Hamilton and District (Ontario).
Developing Self-Evaluative Information Systems: A Guide for Community Service Managers.
Sep 79, 39p
SHR-0009402 Available from Social Planning and Research, 155 James Street South, Suite 607, Hamilton, Ontario, Canada L8P 3A4.

This guide is designed to help managers use their systems for keeping records on clients as a resource for use in self-evaluations. Emphasis is placed on self-evaluation of community mental health services. Self-evaluation is regarded as a continuous monitoring process that is superior to funder and third party evaluations in that it provides continuous information for use in making administrative decisions, is tailored to the specific agency, and can avoid asking the wrong questions. However, most agencies lack the kind of client records which are conducive to adequate self-evaluations. Agencies are advised to establish information systems that will enable them to determine which types of clients are most helped by their services. Guidelines are provided for designing the input, analysis, and output components of an information system. The need for standardized and continuous input and continuous output is emphasized. Descriptions of the types of client information needed cover the classification of demographic information, the categorization of the client's problem, coding of information, a four-point scale for rating client satisfaction, and goal attainment scaling. The use of community-based followup questionnaires and the numerical expression of evaluative information are also covered. The analysis of data through computer systems or punched cards is briefly discussed. Tables, forms, and appendices presenting sample classification systems from Statistics Canada and several local agencies are presented. Fifty-two references are listed. Community Service Management Series, Paper no. 1. Report P-79-C-2.

568. Pettygrove, Willa.
California Governor's Advisory Committee on Child Development Programs, Sacramento.
Employer Sponsored Child Care: Four Issues Papers.
Sep 81, 76p
SHR-0009505 Available from Governor's Advisory Committee on Child Development Programs, 1600 Ninth Street, Room 105, Sacramento, CA 95814.

These four papers address the following issues related to employer-sponsored child care: the planning of successful systems, economic incentives, parent choice and involvement, and child health and child care. Three basic approaches to employer-sponsored child care are the use of flexible employment policies to permit families to meet more of their own child care needs, the purchase of care for employees, and the support of community child care resources. Variables to consider in planning employer-sponsored child care include the characteristics of the work force, local conditions, and employer readiness. Employer sponsorship of child care can lower the cost of the service to the parents and ensure adequate funds so that program quality is improved. Such a program also provides indirect social and monetary benefits for the employer, for others in the work force, and for the community as a whole. For employees, employer-sponsored child care can reduce the difficulties of finding care out of the home, reduce the impact of child care cost on finances, and ease parents' concerns about the quality and reliability of current child care arrangements. Employers' efforts should include employed parents because parents will be the consumers of whatever service is offered, parent participation can improve the quality of child care, and child care can increase the continuity in childrearing by making it easier for parents to handle both family and work responsibilities. Parents should be involved in the planning and development of child care and should have choices wherever possible. The care of

children during mild illness is a growing problem for parents who must be at work and for child care programs, which face scarce resources and prohibitive regulations. Among possible solutions are changes in parents' work patterns; improved design and support of child care programs; and improved coordination between families, child care programs, and health services. Chapter references are supplied. See also related document, SHR-0009507.

569. Piccione, Joseph.
Free Congress Research and Education Foundation, Washington, DC.
Human Services Option: New Funding for the Charitable Sector.
1982, 13p
SHR-0009626 Available from Free Congress Foundation, 721 Second Street NE, Washington, DC 20002.

This paper advocates the Human Services Option (HSO) allowing taxpayers to divert a portion of their tax liability to voluntary human service agencies of their choosing. The specific proposal, originating in California, suggests a 10–percent diversing tax liability. Congress would assure that services are balanced, coordinated, and maintained at proper levels. HSO may fund job training, health care and research, care of the elderly, family and youth services, blighted area development, welfare, and other services. A 5–year phase–in period for the HSO's full implementation is envisaged, beginning with a provision of 4–percent taxpayer liability in the first year and gradually rising to the full amount Congress specifies. Eligibility for HSO funds would be based on Internal Revenue Service tax exempt status and State certification. Policing HSO organizations would be enhanced by the taxpayer interest in the outcome of "their" project. In addition, HSO could be the occasion for establishing new organizations, as people and communities realize that they are now empowered to address their own needs in ways best suited to their own settings. This aspect of individual and aggregate control of money and projects is one of the strongest elements of the plan. Currents in Family Policy.

570. Prince George's County Cost Reduction and Productivity Improvement Program, Upper Marlboro, MD.
101 (Plus) Ways to Squeeze More Out of Your Local Government Dollar.
May 82, 221p
SHR-0009543 Available from The Prince George's County Government, 14741 Governor Oden Bowie Drive, Upper Marlboro, MD 20772.

More than 150 cost–reduction and productivity projects were implemented in Prince George's County, Md., after the passage of a taxpayer–initiated amendment to the County Charter, which froze property tax collections at the fiscal year 1979 level. The program has four major on–going phases: planning and development, testing and implementation, monitoring and evaluation, and adjustment and replication. An initial survey of county departments yielded a baseline of activities and new suggestions for cost curtailments and productivity improvements, classified into 13 overall productivity objectives. This classification covers the areas of consumption and waste, organizational structure, support services and operating costs, worker performance and productive hours, responsiveness to citizens, contracting out and privatization, and control groups and procedures for managing countywide and targeted efforts. Other categories are sick leave and overtime; volunteers and flexible employment alternatives; technological and procedural innovations; management techniques and fees to protect assets and increase revenue; and preventive equipment maintenance, rehabilitation, and recycling techniques. The efficacy of the various strategies within these categories is evidenced by Prince George's County's ability to maintain and improve essential services while lowering the property tax rates, providing additional property tax relief, continuing to provide employee raises, and reducing the bonded

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debt. This program is deemed one of the most comprehensive efforts to date by any local government to cut costs and increase productivity. Individual projects in the listing are identified by title, lead person, lead agency, and other involved agencies, project description, costs and benefits, and implementation issues.

571. Quinn, Robert E.
Center for Productive Public Management, New York.
Symposium on Computers and Productivity.
1979, 90p
SHR-0008878 Available from Center for Productive Public Management, 445 West 59th Street, New York, NY 10019.

This collection of five papers examines some of the issues associated with the effective use of computers in the public sector to improve productivity. Despite computer technology's potential for improving productivity, it has faced problems of personnel, security, privacy, client unrest, and operational failures. Managers can help solve these problems by becoming involved with the development and planning of a computerized system as well as by ensuring communication between its technicians and users. The installation of a computer-aided dispatch system in the San Diego Police Department illustrates the need to review all aspects of a communication system rather than just the computer technology when considering such a system. Nine characteristics of desirable performance measures for a complex organization are discussed. Conflicts that may result from the application of these various measures are examined. The use of reporting and retrieval systems to aid the retrieval of data from computer files is discussed, using the experience of a Phoenix, Ariz., construction company. The use of judgment mapping, a computerized technique for solving coordination problems in interorganizational situations, illustrates the merging of computer techniques with the techniques of organizational development. In a judgment-mapping exercise, the members of each organization express their perceptions and value judgments about the overall tasks. The judgment maps are then presented to the participants to clarify the dimensions of a complex decision. A forest policy task and a social service planning task illustrate the use of this technique. Footnotes, figures, and book reviews are provided. "Public Productivity Review," v4 n1 Mar 80 complete issue.

572. Ronan, Laura C.
Institute for Health Planning, Madison, WI.
State Health Care Cost Containment: A Review of Strategies.
Jul 82, 59p
SHR-0009613 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

A variety of State efforts exist to control health care costs, most notably Medicaid regulations, alternative delivery systems, and private health insurance regulation. An overview of health care cost containment problems covers current Federal policies favoring deregulation and State initiatives, the impact of the certificate-of-need process, and State legislation to enhance competition in the health care market. Ways that States have altered the structure of the Medicaid program to contain its costs are reviewed, emphasizing that States generally use administrative means to cut costs rather than change eligibility criteria. Moreover, recent loosening of Federal regulations as a result of the Omnibus Budget Reconciliation Act of 1981 (OBRA) have opened new avenues for States seeking cost effectiveness. This discussion also addresses hospital reimbursement, home and community-based services, the beneficiary's freedom of choice and the prudent purchaser waiver authority provisions of OBRA, prepaid health plans, Medicaid demonstration projects, and industry concerns that State strategies are merely shifting costs to private payers. The re-

port details State actions to promote alternative delivery systems, such as health maintenance organizations and alternatives to deinstitutionalization. Current trends in State regulation of private insurers are described, although the report notes that States cannot change Federal tax incentives, which support the private insurance industry and its expanded system of coverage. Other cost control methods examined are licensing practices, financing medical education, legislation to legitimize the use of paraprofessionals, and consumer education. References are provided.

573. Rosenfeld, Alan S.
University Health Policy Consortium, Boston, MA.
Home Health Services and Long Term Care: A Two–State Comparison.
Apr 82, 38p
SHR-0009551 Available from The Florence Heller School for Advanced Studies Social Welfare, Brandeis University, Waltham, MA 02254.

Comparative data from two States reveal their experiences with different reimbursement policies for home health service. New York represents an expanded inclusion of home health care under long–term care reimbursements, while Massachusetts policies retain traditional Medicaid obstacles to receiving benefits after an acute episode of an illness has passed. The analysis, focusing on the general effect of policy changes across agencies, indicated that changes in Medicaid policy encouraging the use of home health aid service as a long–term maintenance program, were effective in obtaining treatment for persons at greater risk of institutionalization. Differences in Medicaid reimbursement policies have a more general impact on the overall caseload and pattern of care provided in the home health care system. The findings have both theoretical and policy relevance in terms of program and policy implementation, understanding service networks, and professional organizations. In order for community–based, long–term care programs to affect the desired reduction in institutional care, it is necessary to modify Federal regulations by requiring certification of home health aide services by narrowing or eliminating reimbursement differences for identical services under public reimbursement programs, and to alter Medicare eligibility requirements to ease eligibility for long–term maintenance care. Tables and 27 references are given. Definitions of terms are appended. Discussion Paper DP-43. Author abstract modified.

574. Rude, Carolyn D.; and Aiken, Pamela A.
Texas Tech. Univ., Lubbock. Research and Training Center in Mental Retardation.
Advocacy in Residential Programs.
1982, 238p
SHR-0009539 Available from Research and Training Center in Mental Retardation, Box 4510, Texas Tech University, Lubbock, TX 79409.

This book presents information on residential programs for persons with developmental disabilities, relevant patient rights and care standards, and specific advocacy strategies. Each of the 12 chapters is by a different author with expertise in the area. The introductory paper discusses the goals of advocacy and problems encountered by developmentally disabled persons who live in all types of institutional settings. Subsequent papers detail the operations of a large residential facility for the mentally retarded and community–based facilities such as foster care homes and group homes. Principles of programming in residential facilities are outlined, with attention to normalization, the developmental model, and the behavioral approach to learning. Other chapters explore the legal rights of people in residential programs and the standards and survey procedures of the Accreditation Council for Services for the Mentally Retarded and Other Developmentally Disabled Persons. The following models of advocacy programs are described: the Residential Advocacy

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Project implemented by Illinois in 1978 to serve developmentally disabled persons in the State's public institutions; the Sonoma County Citizen Advocacy, Inc., a coalition of parents and interested community residents; and the pioneer advocacy program developed by the Columbus (Ohio) Development Center. The final papers focus on advocacy strategies, including overcoming barriers to access and data collection. References accompany most chapters. Fourth in a series of Research and Training Center publications designed to assist in the development of advocacy programs and in the training of advocates.

575. Sager, Alan.
Florence Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA. Levinson Policy Inst.
Some Opportunities and Methods for Promoting More Adequate, Decent, and Equitable Long-Term Care for the Elderly.
Apr 82, 16p
SHR-0009611 Available NTIS PC $6.00/MF $4.00

Long-term care for the disabled elderly can be a service of publicly-funded home care and informal support systems rather than institutions, particularly since the target population is small and thus expanded in-home benefits will not be cost-prohibitive. Nursing home care could be improved through private ownership combined with private or public management, but an adequate home care system that reduces institutionalization is also needed. Several Massachusetts' studies suggest that the existing home care system is functioning equitably and that supportive services help prevent deterioration in clients' medical, functional, and emotional well-being. Moreover, families have continued to provide a substantial amount of help to persons who were receiving weekly publicly-paid home care from their home health agency or under the State's generous homemaker program. Improved Federal funding for home care services should be accompanied by efforts to mobilize greater amounts of unpaid help on behalf of disabled citizens. The young and newly-retired elderly who have much spare time could be used in this program, which would focus on congregate housing developments or other concentrations of senior citizens. Records would be maintained of the time contributed by individuals for hour-to-hour return or placed in an insurance pool. Those who refused might be ineligible for public long-term care benefits. References are included. Presented at the National Conference on Social Welfare, Boston, Massachusetts, April 28, 1982.

576. Salisbury, Philip S.
Illinois Dept. of Public Aid, Springfield. Research and Evaluation Section.
Methodology for Evaluating Program Impact in Human Services.
Jul 82, 26p
SHR-0009610 Available from State of Illinois, Department of Public Aid, Research and Evaluation Section, 316 South Second Street, Springfield, IL 62762. Attn: Philip S. Salisbury.

Research and evaluation are focused on reducing the level of uncertainty in drawing conclusions from observations and data. This paper presents a methodology for improving the level of certainty that can be expected in research and evaluation activity. The methodology can be applied to the evaluation of special projects, organizational units, and individual caseloads. It includes a method of characterizing the movement of a client cohort over time by making it possible to compare an experimental and a control group or two or more comparison groups on factors such as time on program, closure status, and qualitative service or service outcome measures. The paper discusses the process of group or cohort selection and presents five different methods of developing data for constructing comparison curves. The system can be manual or it can use computer resources; sample test statistics are presented. Data from this

method can be used in calculating cost savings and time and in developing benefit–cost formulations. Graphs, tables, and nine references are supplied. Author abstract modified.

577. Salkind, Neil J.; and Haskins, Ron.
Negative Income Tax: The Impact on Children From Low-Income Families.
1982, 16p
SHR-0009581 Pub. in Jnl. of Family Issues v3 n2 p165-180 Jun 82.

This paper describes the effect of four negative income tax experiments on the health and educational status of children from low–income families. The negative income tax approach gives families earning below a certain level a direct grant or guaranteed allowance that can be allocated as they wish rather than spent under constraints posed by traditional welfare programs. In the last 10 years, this concept has been tested in cities in New Jersey, rural areas of Iowa and North Carolina, and Gary, Ind. Families were paid cash grants monthly, interviewed on a quarterly basis, and compared with a control group. A fourth project—the Seattle, Wash. / Denver, Colo., Income Maintenance Experiment—has introduced an additional dimension by planning to collect data from families at 3–year, 5–year, and 20–year intervals. Summaries of these experiments cover differences in sample populations and variables studied. Overall, the experiments revealed the following advantages of a negative income tax: reduced administrative costs, establishment of a horizontal and vertical equity in the direct aid to those who need it, an increase in individual autonomy, increased school attendance and performance, decreased incidence of low birth weight, and increased consumption of nutritious foods. Disadvantages were increased psychological stress, increased unemployment in the sector that administers existing programs, a costly overhaul of the current welfare system, and the fact that the idea is repugnant to many taxpayers and may be politically untenable. Benefits and weaknesses in the present welfare system are discussed, along with methods of implementing the negative income tax. Tables and references are included.

578. Salloway, Jeffrey Colman.
Health Care Delivery Systems.
1982, 153p
SHR-0009417 Available from Westview Press, Order Dept., 5500 Central Avenue, Boulder, CO 80301.

This monograph offers an introduction to health care delivery systems to students and professionals in the health care occupations. It views the health care delivery system as a reflection of the society as a whole, interprets the U.S. health care delivery system within the capitalistic social structure and value system, and considers the existing health care delivery system as but one of many means of distributing health care. Within this framework of assumptions, health care delivery systems and individual behavior are discussed, foundations of the health care delivery system are reviewed, and the flow of money is outlined. Power and decisionmaking in health care delivery are traced, and motivation and control of patients and service providers are analyzed. The conclusion assesses the future of health care delivery in the United States in terms of changes and trends in domain assumptions, money flow, power and decisionmaking, and motivation and control of both patients and professionals. It is concluded that the U.S. health care delivery is at a crossroads, with the populace in the process of choosing whether health care will be a right of all citizens, a right of all citizens who are in specific age and income categories, or a privileged opportunity only for those who can afford it. Regrettably, a conceptualization of this choice remains to be made, as does the formulation of a coherent policy to meet the chosen goals. Tables, graphs, chapter references, a list of readings, and an index are provided. Behavioral Sciences for Health Care Professionals Series.

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579. Seymour, Scott; and Howard, Dick.
Council of State Governments, Lexington, KY.
Simplifying Federal Grant-in-Aid in Arizona and Kentucky.
Jan 80, 15p
SHR-0008923 Available from Order Department, Council of State Governments, PO Box 11910, Iron Works Pike, Lexington, KY 40578.

This monograph discusses projects in Arizona and Kentucky that have demonstrated the potential for joint funding in simplifying grant administration and providing a more comprehensive and coordinated approach to service planning. Regulations issued by the Office of Management and Budget (OMB) in 1976 relating to the 1974 Joint Funding Simplification Act are summarized, and reasons for the low level of joint funding activity are outlined. OMB and the General Accounting Office, however, have recommended the continuation of joint funding because of its potential benefits and the success of a few demonstration projects. In Arizona, the following groups have participated in a joint funding effort for 5 years: the governor's office represented by its Office of Economic Planning and Development; State agencies responsible for social security, transportation, health services, and justice; councils of governments in six planning districts; and several Federal agencies. The description of this project covers agencies; reasons for joining, problems encountered, and the flow of grant funds. Kentucky has a similar group of organizations in its joint funding program: the Department for Local Development; 15 Area Development Agencies; Federal agencies; and State agencies handling social service, justice, energy, and transportation matters. The responsibilities of these participants are detailed, along with application, funding, and implementation procedures. The advantages of joint funding are discussed, such as improved coordination among State planning agencies, reduced paperwork, and standardized grant funding cycles. The paper concludes with suggestions for effectively implementing a joint grant funding effort. A 1979 policy statement from the Board of the Council of State Governments on grant consolidation and simplification is appended. Innovations monograph series, RM-682.

580. Shea, Susan; and Dodson, Richard.
Berkeley Planning Associates, CA.
Establishing Policy in the Special SSDI and SSI Vocational Rehabilitation Programs.
Feb 80, 46p
SHR-0009467 Available from Berkeley Planning Associates, 3200 Adeline Street, Berkeley, CA 94703.

This analysis of two special Federal vocational rehabilitation programs (Beneficiary Rehabilitation Program and the Supplemental Security Income–Vocational Rehabilitation Program) for disabled persons concludes that the primary barrier to the programs' success is the disincentive to work imposed by the benefit structure. This conclusion was based on a review of previous studies and recommendations regarding the programs, case studies of 8 State vocational rehabilitation agencies, interviews with over 300 clients served in the 8 State agencies, and an analysis of all State vocational rehabilitation agencies in fiscal years 1975 and 1976. The two programs offer the same services as the basic Federal–State vocational rehabilitation program. However, they serve a selected group of clients in the expectation that their rehabilitation will lead to the termination of disability benefit payments to them and thus to a net savings to the Federal Government and the Social Security Trust Fund. Although many people feel that the two programs are in trouble, many improvements have been made. Removing client disincentives to work must be the first priority for action, because these disincentives are the root of much of the programs' problems. However, this requires legislative change, which may not occur quickly. Several other steps can be taken to improve the programs' performance in the face of the existing disincentives. For ex-

ample, the Social Security Administration should conduct experiments with alternative benefit structures and should offer ongoing training to counselors in benefit structure and rules. Additional recommendations and a list of 42 references are provided.

581. Shimberg, Benjamin; and Roederer, Doug.
Council of State Governments, Lexington, KY.
Occupational Licensing: Questions a Legislator Should Ask.
Mar 78, 29p
SHR-0008921 Available from Order Department, Council of State Governments, PO Box 11910, Iron Works Pike, Lexington, KY 40578.

This booklet outlines issues that should be considered in deciding whether State governments should regulate an occupational group, discusses the content of such legislation, and describes three States' experiences with licensing problems. Requests for licensure rarely come from consumers, but from occupational associations who wish to establish a monopoly in their service field. Guidelines for occupational regulations emphasize that the State should first determine if the regulation meets a public need and then explore other regulatory approaches short of licensing, such as registration or certification. Suggestions regarding the provisions of a licensing law cover coordinating with existing statutes, relating requirements for entry into a profession with safe and effective practices, giving out-of-State applicants fair access to the credentialing process, and methods to monitor the continued competence of licensed practitioners. Other areas addressed include involvement of the public in the regulatory process, complaint investigation procedures, evaluation of applicants, disciplinary reviews against licensees, administrative structure, and financing mechanisms. A checklist is provided that legislators and other interested groups can use to determine whether a need for regulation exists and what mode of regulation would be most appropriate. Case studies examine the California Public Member Act, which requires licensing boards to include public representatives, processes for screening occupational groups seeking regulation developed in Minnesota and Virginia, and the California experimental health manpower projects that waive licensing laws for certain training programs. Six footnotes and 25 references are included. RM-635.

582. Sigelman, Carol K.; Parham, Jerry D.; and Richards, Laurel.
Independent Living Research Utilization Project, Houston, TX.
Independent Living and Mentally Retarded Persons: The Role of Independent Living Programs.
Aug 81, 28p
SHR-0009415 Available from The Independent Living Research Utilization Project, PO Box 20095, Houston, TX 77025.

This monograph discusses how independent living programs (ILP's) can benefit mentally retarded adults, with attention to trends in the mental retardation field that support independent living and problems that have emerged as efforts to foster independence have proceeded. A review of the needs of mentally retarded persons is followed by a history of the service delivery system. Recent trends are examined in detail, including community residential alternatives resulting from deinstitutionalization, respite care, homemaker and nursing services, educational programs, and advocacy services. A summary of problems encountered by these activities addresses inadequate funding, fragmentation of the delivery system, lack of quality control, and negative community reactions. Also considered are the unavailability of community resources for the deinstitutionalized mentally retarded, inadequate family support services, and underutilization of effective training technologies such as behavior modification.

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The independent living concept incorporates goals that are consistent with guiding ideologies in the mental health field—normalization and filling gaps in the service delivery system. Suggestions for promoting ILP's for the mentally retarded emphasize establishing close links with the existing service network and conducting a needs assessment. Additional roles that ILP's can play are identified, including consulting and advocacy. Finally, the paper explores potential benefits of relationships between physically and mentally disabled persons, the vocational rehabilitation agency's function, and involvement of mentally retarded individuals and their families in ILP's. Notes are included, and about 35 references are appended. Issues in Independent Living series.

583. Slavin, Simon.
Applying Computers in Social Service and Mental Health Agencies: A Guide to Selecting Equipment, Procedures and Strategies.
1982, 184p
SHR-0009567 Available from The Haworth Press, Inc., 28 East 22nd Street, New York, NY 10010.

This special issue contains 11 essays on the selection of computer equipment and strategies for social service and mental health agencies. An introductory paper discusses the benefits that computers can bring to administration and clinical practice and ways to overcome professional resistance. Subsequent articles review strategies for information system development, describe the role of the management information system (MIS) in human service management, and provide guidelines that permit mental health managers to determine the current growth stage of their MIS environment. The unique contribution made by the small computer is detailed, and projections are suggested for future developments in this rapidly changing area of technology. The final group of papers focuses on special applications and case studies of computer utilization. A decision support system to increase equity in home supportive services is described, as is a pilot project to integrate clinical and financial records in a community mental health center. A comparison of information system development between a county human service agency and a corrections agency covers the impact of differing organizational structures and target populations on the system design and ways that computers can enhance worker–client interactions. Other articles detail a working information system established in a Los Angeles casework agency and highlight the advantages of Hierarchical–Input–Process–Output (HIPO) diagrams over flowcharts. A selected bibliography is provided. "Administration in Social Work," v5 n3/4 Fall/Winter 1981 (special issue).

584. South Carolina State Reorganization Commission, Columbia.
Human Services in South Carolina: A Report on the York County Demonstration Project.
19 May 82, 126p
SHR-0009506 Available from State Reorganization Commission, Suite 228, PO Box 11488, Columbia, SC 29211.

This document reports the midpoint status of developing an integrated services system at the local level in York County, S.C. Established by law, the York County Demonstration Project is designed to demonstrate a more efficient and orderly manner of human service delivery by improving the availability, quality, and cost-effectiveness in providing certain health and social services. The report discusses eight major project objectives to be accomplished within a 3-year period (1980 to 1983) and documents the progress that has been made toward achieving them. The objectives covered concern the establishment of (1) a coordinated transportation system, a colocation model, a common taxonomy, and a streamlined case management system; (2) a set of standard purchase of service criteria, a comprehensive program

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evaluation plan, a consolidated needs assessment, and a set of unified planning guidelines; (3) a unified budget and budgeting process; and (4) a local resource allocation system. The objectives also involve a simplified and coordinated joint funding process; a standardized unified accounting system; a unified, automated client tracking and monitoring system; and a standardized, unified audit process. In addition, the report presents analysis and documentation of the current problems of human service administration and delivery in York County. These problems include planning and budgeting deficiencies, a duplicated and inaccurate reporting and information system, the need for more effective client tracking and monitoring and better program evaluation, and a lack of standardization in accounting and finance practices and procedures. Constraints that have limited the Project are discussed. Tables, exhibits, charts, and diagrams are provided. Appendices include a history of the Project, the enabling legislation, an overview of the participating agencies, and a general description of the organizational and functional structure of the project. Author abstract modified.

585. Streib, Gordon F.
Florida Univ., Gainesville. Center for Gerontological Studies and Programs.
Programs for Older Americans: Evaluations by Academic Gerontologists.
1981, 268p
SHR-0009545 Available from University Presses of Florida, 15 North West 15th Street, Gainesville, FL 32603.

This book provides case material on a variety of issues related to gerontology and can be used as a study text or reference by students and practitioners of gerontology, sociology, and social work. The contributors' illustrate how the theoretical can be adapted to reality and applied in program implementation. Covered are a wide range of concerns including needs assessing, resources tapping and pooling, and agency staff training. Cross–cultural consultation problems are illustrated by a program attempting to alleviate conditions for aging American Indians. One essay describes the Research Fellowship Program of the Gerontological Society; another discusses negotiation of a research contract and the terms of the agreement. Interagency relations and the aging network are explored through a Kansas case example. Use of a telephone survey for quick assessment of a situation is illustrated by an effort that ascertained the energy needs of an area's elderly population prior to the onset of winter. Other articles report the development of a regionwide system on aging and the relationship of the area agency on aging and public management of human resources in aging. Regional gerontological training and techniques for bridging the gap between academics and the real world are the two concluding topics. Tabular data and references are included with individual articles. Appended is a listing of research fellows of the Gerontological Society of America, 1974 to 1980. Volume 1, Research Series, Center for Gerontological Studies.

586. Streib, Gordon F.; and Folts, William E.
Florida Univ., Gainesville. Center for Gerontological Studies.
Shared Living Arrangements for the Elderly: An Evaluation.
Jul 81, 68p
SHR-0009486 Available NTIS PC $9.00/MF $4.00

This paper evaluates shared living arrangements among nonrelated elderly individuals who do not wish to live alone or do not need institutionalization, based on data collected from Share–A–Home in Winter Park, Fla., and similar organizations in other States. In the Share–A–Home concept, senior adults share a household and divide equally the expenses of running it. A manager and staff are responsible for all housekeeping tasks and transportation for residents, but no medical care is included. This study first observed and gathered information from several Share–A–Home facilities in

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Florida and then sent questionnaires to 48 other shared living projects regarding their sponsorship, types of buildings, zoning regulations, and licensure. The results showed a wide geographical distribution with over half concentrated in Florida, New York, and Maryland. The 37 usable responses indicated that church and civic groups were most active in sponsoring alternative living arrangements. The survey also revealed that 54 percent of the projects were not licensed and that most homes were located in residential neighborhoods. Residents generally chose the shared living option because other alternatives were unavailable or unacceptable. They appeared to view the facility as a less costly alternative to living independently, and most expressed a favorable attitude toward the arrangement. Although it was difficult to define a shared living facility precisely, the most significant element was the noninstitutional nature of the units. Scheduling of activities was avoided, and residents were involved in decisionmaking processes, such as planning menus. Staffing patterns were aimed at providing an atmosphere that was more independent than an institution and more supportive than living alone. Tables and about 40 references are included. Author abstract modified.

587. Sykes, Thomas M.
Washington State Dept. of Social and Health Services, Olympia. Program Research and Evaluation Section.
Evaluation of the Community Corrections Pilot Project.
Feb 82, 39p
SHR-0009480 Available from Department of Social and Health Services, Office of Research, OB-34A, Olympia, WA 98504, order number 02-14.

Results of an evaluation of the Community Corrections Pilot Project, undertaken in five counties in eastern Washington State, are presented. The project took place in Asotin, Benton–Franklin, Spokane, and Walla Walla. Starting in January 1980, the project demonstrated local initiatives to develop coordinated community services for juvenile offenders, using county, State, and Federal funds. The evaluation began in April 1981 and examined the project's impact at the conclusion of its first 18 months of operation. Three performance measures analyzed the project's outcome: commitment rates to Division of Juvenile Rehabilitation (DJR) institutions in the participating communities, compared to statewide rates; recidivism among clients of coordinated services in the five counties; and comparative cost analyses of community and institutional care for committable middle offenders. The evaluation examined major program issues dealing with setting priorities in the development and funding of community programs, establishing some balance between autonomy and control in the relations between DJR and county juvenile court services, and establishing a connection between services that are provided and the levels of criminal involvement of the offenders being served. The evaluation found that the project reduced the DJR commitments of offenders in the target population as well as commitments in general and that confusion existed about the kinds of programs that had priority and the data necessary to ensure accountability of State funds. The evaluation recommends that DJR develop a clear policy stating that State and Federal funds for local programs are mainly for committable offenders and that program guidelines specify rewards for compliance and sanctions for noncompliance. Footnotes, tables, and appended data are included. Author abstract modified.

588. Turner, S. Michael; Mason, Winifred R.; Bean, Shirley L.; Belcher, Sarah H.; and Conner, Geraldine L.
Parents' and Children's Services of the Children's Mission, Boston, MA.
Parental Stress Telephone Counseling Service: Project Report, June 1, 1979-May 31, 1981.
1981, 91p
SHR-0008897 Available from Parents' and Children's Services of the Chil-

dren's Mission, 329 Longwood Avenue, Boston, MA 02115.

This report describes the purpose, operations, and results of a telephone counseling service aimed at preventing child abuse and neglect in Massachusetts. The Parental Stress Telephone Counseling Service began a 2-year pilot period on June 1, 1979, and became an ongoing service program of Parents' and Children's Services of the Children's Mission in Boston in June 1981. The service consists of a 24-hour tollfree service that is available statewide 7 days a week. The telephone line offers an immediate response to parents in crises who need counseling and preserves the anonymity of those who wish it, thus reaching many isolated individuals who tend to ignore traditional services in their communities. The Parental Stress Line is staffed by a corps of trained volunteer counselors who are supervised by a full-time paid administrator. Social workers provide consultation and supervision to the administrator and the volunteer counselors as well as training for the volunteers. The volunteers use reflective listening as their basic counseling technique. Most calls are received from parents experiencing stress, couples with marital difficulties, and persons needing information and referral. The service received almost 2,951 calls in its first year and 8,104 calls in its second. Evaluation studies revealed that the service reaches the persons for whom it was designed. A cost-benefit analysis suggested that the service is a cost-effective response to families in stress. Expansion of the program is being explored. Other communities should be able to establish similar programs. Tables, footnotes; and appendices listing program staff and presenting program materials are provided.

589. Ukeles, Jacob B.
Doing More With Less: Turning Public Management Around.
1982, 310p
SHR-0009469 Available from AMACOM, American Management Associations, 135 West 50th Street, New York, NY 10020.

This volume is intended to help managers of State, city, and local government manage public services effectively despite dwindling Federal assistance and economic uncertainty. The author has directed major programs for State and local governments and nonprofit organizations and served on the team assembled to rescue New York City from possible bankruptcy. Techniques for adapting many of the concepts and methods used by large private companies are described to show how government administrators can deliver better services at lower cost and can increase revenues without increasing taxes. Emphasis is placed on the problems and opportunities of management improvement in the larger central cities of the midwest and northeast. The advice covers ways to reduce delinquent payments and increase collections, reduce overtime and operating costs, improve investments and yields, and streamline operations without sacrificing services. Additional guidelines cover ways to increase police protection without adding any costs, obtain support from the private sector, and cushion the impact of collective bargaining and increase managers' freedom to manage. A discussion of techniques for building the capacity for management improvement into the government focuses on the development of managers who are committed to self-improvement, the training of managers in better management, and the establishment and staffing of organizations with expertise in operational improvement. Emphasis is placed on approaches that will work in the political environment of decisionmaking in the public sector. Figures and an index are provided.

590. Waddell, William C.
Overcoming Murphy's Law.
1981, 296p
SHR-0009422 Available from AMACOM, A Division of American Management Associations, 135 West 50th Street, New York, NY 10020.

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The text shows managers that by becoming proactive they can drastically decrease the incidence of Murphy's Law ("If anything can go wrong, it will"). By adopting the attitude of a builder they can learn how to set goals; how to set up the right kind of organizations to achieve these goals; and, most important, how to select, develop, and motivate the people who will make those goals a reality. The text outlines failures of traditional planning, suggests eight steps in successful planning, and outlines the systems approach. It examines the needs of employees in general, of professional employees, and of women in terms of the need for identification, for commitment, and for autonomy. It describes how managers can take a leadership position through reinforcing their personal self-image, setting and using personal goals, controlling their time, and influencing others. The text emphasizes that the heart of the manager's job is building, or increasing the firm's assets. Increasing the tangible worth of an organization is described as being achieved by improving an attribute and establishing its value. The text outlines nine areas for building and describes how to be a builder (have the attitude of a builder, focus on contribution and accomplishment, expect success, maintain standards, use pride, etc.). The text describes how to build knowledge, how to create responsibility for accomplishment, how to set goals, how to develop a strategy and a plan for the organization, how to organize for achievement, and how to improve productivity. It also describes how to handle change, how to achieve consistency and flexibility, how to introduce change, and how to manage conflict. Finally, the philosophy and practice of a management by objectives (MBO) program are outlined, with attention to how to start an MBO program, how to integrate goals and objectives into the program, how to review it, and how to integrate the MBO program with other programs. Footnotes, an index, charts, and tables are provided.

591. Weber, Jerome A.; and Wallace, Giovannina Ferrante.
Northern Kentucky Mental Health-Mental Retardation Regional Board, Inc., Covington.
MAC Senior Center (a.k.a. Senior Life Center).
1982, 86p
SHR-0009618 Available NTIS PC $10.50/MF $4.00

A senior services project was begun in northern Kentucky to aid elderly adults to maintain themselves in the community and to lead satisfactory lives. This report evaluates the project's operations in both rural and urban areas of the State and compares them to the Salvation Army day care project. The senior services include social reinforcement activities, psychiatric services, health care education, counseling, and social service support. It was centered in Covington, Ky., but also served rural clients at meal sites throughout northern Kentucky. The project was evaluated with the Older American Resources and Services (OARS) instrument, a multidimensional functional assessment questionnaire. Each day care project surveyed statistically failed significantly to influence the clients' functional well-being as compared to persons not receiving treatment. These findings suggest that both the senior services project and the Salvation Army day care must reexamine their goals and methods. However, flaws in the OARS make it difficult to judge the programs' overall effectiveness. The senior services project successfully intervened in the lives of most of its at-risk clients, but the OARS failed to demonstrate the program to be significant in relation to its goals. Tables and 11 references are included. Appendices present the OARS questionnaire, evaluation findings, codes used, and other information. An Administration on Aging Model Project, Oct. 1, 1978-Sept. 30, 1981.

592. Welfare Research, Inc., Albany, NY.
Comprehensive Adolescent Services: The Challenge of Complexity.

Mar 82, 36p
SHR-0009397 Available from WRI, 112 State Street, Albany, NY 12207.

This report discusses the special tasks that comprehensive service programs for adolescents need to accomplish in order to become stable, adaptable, financially secure, and effective. It was based on a 1980 survey of over 40 knowledgeable individuals in the field. Tasks identified by those interviewed were organized into nine areas: planning, funding, fiscal and client data needs, establishing linkages to community agencies and institutions, internal coordination, governance, staff resources, community relations, and geographical location. Study participants emphasized that an agency director must be creative about developing a program offering many different services and that participation of adolescents, parents, and community residents can enhance planning and programming. Funding strategies included multiple funding, demonstration grants, third party reimbursements, and no–cost resources such as volunteers. Other common strategies for promoting integration were interdisciplinary case conferences, advisory boards, and maintaining a good image and visibility in the community. Some approaches responded to local conditions, such as hiring staff from the neighborhood to overcome language problems and provide positive role models. Other methods involved coordination of many programs through networks or consortiums. Survey respondents indicated that social, political, and economic factors also affected comprehensive programs. For example, categorical funding has presented some administrative difficulties but also has enabled programs to provide services to youths that otherwise would not have received attention or resources from the human services system. Three references and a description of the survey methodology are appended.

593. Welfare Research, Inc., Albany, NY.
Comprehensive Adolescent Services: The Planning Guide.
Mar 82, 97p
SHR-0009398 Available from WRI, 112 State Street, Albany, NY 12207.

This guide outlines the major steps in planning a comprehensive community–based service program for adolescents. It was based on data collected from surveys of over 150 programs. Following an overview of the issues and planning phases, the section on setting goals details a method for categorizing the range of services that can be offered, such as social adjustment counseling, family support, and employment training. In addition, six different models of adolescent service programs are described with examples. The guide then discusses needs assessment methodologies, with attention to the survey approach, as well as the identification, inventory, and analysis of resources usually conducted at the same time. When an assessment reveals unmet needs, an agency must decide to expand its own organization or develop cross–agency linkages. Ways of meeting such needs through direct service, purchase–of–service agreements, or referral are examined, as are different types of linkages among community agencies. The final chapter focuses on organizational matters that should be considered when planning a comprehensive program, including board membership, staff background, youth participation, and sponsorship. Diagrams and seven references are provided. The appendices contain a taxonomy of services for adolescents, additional data on the six service system models, and a self–assessment survey questionnaire on youth problems.

594. Welfare Research, Inc., Albany, NY.
On-Site Day Care: The State of the Art and Models Development.
Feb 80, 84p
SHR-0009318 Available from Empire State Day Care Services, Empire State Plaza, Agency Bldg. No. 2, 12th Floor, Albany, NY 12223, Attn: Molly Hardy.

This report explores the status of day care centers located on the workplace and outlines vari-

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ous types of employer–supported day care. Data were gathered through a comprehensive literature search using data base bibliographies and other sources and questionnaires completed by onsite day care centers. This review uncovered renewed corporate interest as well as grass roots pressures for onsite care, State and Federal legislative initiatives, and important new research on the topic. Trends in onsite day care are summarized for France, Denmark, Sweden, Cuba, the Soviet Union, and other Eastern European countries. The discussion of industry–sponsored day care in the United States emphasizes that the development of these facilities correlates with historical periods of high demand for female labor. Centers currently operated by four companies are described. The report then examines onsite centers operated by hospitals, Federal agencies, New York and California State agencies, the military, and institutions of higher education. Variables associated with success, employer issues, and parent concerns are examined. The following types of employer–supported day care are described: the onsite centers commonly serving preschoolers, the offsite center near the workplace that may be subsidized by an employer or operated jointly with a union, and the consortium model where two or more employers establish a center. Short–term supports are also discussed, such as employer contributions to child care centers and innovative scheduling of work hours. Guidelines for a feasibility study on establishing an onsite center are provided, along with charts and references. The appendices contain survey questionnaires, a fact sheet on employer–sponsored day care, and Section 188 of the Revenue Act of 1971.

595. White, Rick.
Institute for Local Self Government, Berkeley, CA.
Community Action Approach to Human Services.
Feb 82, 72p
SHR-0009395 Available from Institute for Local Self Government, Hotel Claremont Building, Berkeley, CA 94705.

This report summarizes and analyzes the lessons of Region IX's Community Action Agencies (CAA's), one of several alternatives for the delivery of human services developed under the Community Services Block Grant. Data collected over 4 years in 17 CAA's across Region IX have produced this report's conclusions about the abilities of CAA's and the viability of the community action approach to human services. Data on these 17 CAA's show that, in general, CAA's have proven abilities in bringing additional resources to focus on low–income persons' needs; have extensive experience in assessing community needs, developing policy, and setting priorities; and have worked to coordinate existing programs to ensure that no gaps in needed services exist. Six possible accommodations to the human services crisis and its challenges to local government are discussed in relation to how Community Action can help resolve this situation. Six essential characteristics of the Community Action approach to human services are delineated. This approach is a block grant approach in that it allows for the local determination of needs and strategies. States now faced with the task of implementing the Community Services Block Grant and designing their own antipoverty program should consider carefully the lessons of the CAA's. Tables and appended materials are provided. Social Policy Series, no. 3. See also related documents, no. 1, SHR-0009393; no. 2, SHR-0009394; no. 4, SHR-0009396. Author abstract modified.

596. White, Stephen L.
Middle Management in Mental Health.
1980, 107p
SHR-0008900 Available from Jossey-Bass, Inc., 433 California Street, San Francisco, CA 94104.

Individual articles in this book address the problems faced by middle managers in mental health services, including personnel supervision, budgeting, and evaluation. A general discussion of role–transition issues involved when a clinician becomes a manager emphasizes that

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a new self-image must be developed and new skills learned. Critical management tasks that should be accomplished in a mental health program are outlined in a model called PERFORM. A specific skill—administrative supervision—is examined and contrasted with clinical supervision to demonstrate its importance to achieving organizational goals. Other papers review organization theories, offer suggestions on managing the inevitable conflict between professionalism and bureaucracy, and analyze the politics of leadership and daily decisionmaking. The importance of planning and budgeting in middle management is demonstrated by a description of an annual planning-budgeting cycle. The manager's responsibility for monitoring the level of effort and effectiveness of a program is examined, and types of evaluations are detailed. Another article contends that continuing experience in direct service is a valuable asset to managers, even though they face considerable obstacles in attempting to reserve time for clinical work. The final chapter on trends in middle management concludes that professional attitudes and limited educational opportunities mitigate against any rapid emergence of mental health professionals trained in both clinical and managerial work. Each chapter includes references. An index is provided. New Directions for Mental Health Services, a Quarterly Sourcebook, no. 8, 1980.

597. Wilson, Marlene.
Survival Skills for Managers.
1981, 264p
SHR-0008891 Available from National Center for Citizen Involvement, PO Box 1807, Boulder, CO 80306.

This book is concerned with people and what happens to them in today's technocratic, hierarchical organizations. The discussion examines the critical lack of attention most organizations direct toward developing, encouraging, or rewarding creativity and innovation. The creative process is defined in terms of new understanding about the brain itself. Blocks to creativity are explored and strategies suggested to help managers become more creative in spite of living and working in a highly technocratic society. One chapter deals with the common managerial dilemma of solving problem symptoms rather than the problems themselves. Trends that will greatly impact employees of all levels in the decade ahead are examined, and creative and practical methods are suggested that make problem solving fun as well as more productive. An examination of how to make ideas happen (power and negotiations) covers concepts in defining and understanding the various kinds and levels of power within organizations. Moreover, the process of negotiating is examined as one involving strategizing to persuade others to agree to needed change. Next, the complex dynamics of conflict in interpersonal relationships and between groups in organizations are explained, and practical tools are presented to help managers understand and handle conflict more effectively. A chapter on stress management examines the causes and results of stress and suggests concrete coping strategies. The final chapter critically examines the time traps and time wasters, since time is the vital ingredient for accomplishing all other managerial survival skills. This discussion explains the necessity for planning daily activities in terms of personal "life goals" and suggests practical methods to help determine one's best use of time. Tables, diagrams, chapter references, and appended materials are supplied.

598. York, Reginald O.
Human Service Planning: Concepts, Tools, and Methods.
1982, 228p
SHR-0009546 Available from The University of North Carolina Press, PO Box 2288, Chapel Hill, NC 27514.

Both students and human service managers are provided an overview of the human service program planning process as well as an examination of specific methods and tools that have been helpful to others in the field. Numerous

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598.

concepts, methods, and tools from a range of sources are analyzed in the effort to enhance human service program decisionmaking that is based on rational criteria and incorporates the technology necessary for meeting the accountability challenge. The book examines the accountability crisis and its impact upon the related concepts of planning and decisionmaking. Program planning is defined in the context of social planning. The basic tasks associated with all phases of the program planning process from problem identification to evaluation are explained. Defined are the societal conditions to be altered by program efforts and the assessment of the extent to which any given problem exists as a need in a specified population. Types of need and related data sources are explored. Goal setting is the subject of a special chapter, which presents a hierarchy of goals and objectives and suggests the nominal group technique for involving people in decisionmaking and the establishing of priorities. Also covered are programming, which involves the practice of identifying service alternatives, and criteria and alternative evaluation designs by which to assess program effectiveness and efficiency. The concluding chapters deal with the concepts, issues, and tools that influence program implementation and with planning as a reciprocal process with interdependent phases and recurring stages. Tables, charts, chapter notes, and over 100 references are supplied. An index is included. Author abstract modified.

599. Young, Dale.
Boston Dept. of Health and Hospitals, MA.
Promise Kept: Boston's Neighborhood Health Centers.
1982, 329p
SHR-0009538 Available from Department of Health and Hospitals, Administration Building, Room 403, 818 Harrison Avenue, Boston, MA 02118.

This report describes how Boston's neighborhood health centers, established in 1965, provide financially accessible, community-based, primary ambulatory care to city residents. The 24 health care centers were investigated regarding their original and present goals and their operation and functions, with special attention to accessibility, organization of care, and financial viability. The impact of health centers and the forces that may shape their future were also assessed. The study used a single point-in-time, cross-sectional design with an abstracting form to collect quantifiable data on staff, service, patient, and financial characteristics and structured, open-ended interviews with each center's medical and executive directors. Health centers were treated as a unit of experience and differences and similarities among them were noted. The findings show that health centers offer comprehensive primary care, make preventive and nontraditional health service available, are well used, and engender patient satisfaction. The centers are accessible, reflect neighborhood character, serve both majority and minority populations and patients of diverse ages, sex, and income. The health centers also serve as community resources: they provide training and jobs for neighborhood residents and arrange for social services provision, recreation, and child care programs. Standards of quality have been met, and health care has been made financially accessible to persons without medical insurance or with limited resources. Tabular data and illustrations are provided. Approximately 340 references are given. Appendices present study instruments.

600. Zimmer, Anna H.; and Mellor, M. Joanna.
Community Service Society of New York. Natural Supports Program.
Natural Support Program: Group Services for Those Caring for Older Persons in the Community. "Caregivers Make the Difference."
Sep 81, 56p
SHR-0009493 Available from Community Service Society, Natural Supports Program, 105 East 22nd Street, New York, NY 10010.

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600.

This report describes and evaluates a 3-year project of the Community Service Society of New York City that provided skills training, peer support, and other supportive services to caregivers of the frail elderly. An overview of project activities for each year, 1978 through 1981, is followed by discussion of the services developed for six city areas: in Manhattan—Clinton, the upper east side, the upper west side, and central Harlem; southeast Queens; and Staten Island. The project also provided technical assistance and information to other groups interested in caregivers' problems. A variety of ethnic and socioeconomic populations were represented, including Hispanics, white middle-class elderly, and low-income blacks. Data for evaluation purposes were collected through observations and records on the developmental process, questionnaires completed by caregivers at group meetings, and interviews with 60 participants. These results indicated that ethnic and socioeconomic variables did not affect the caregiver's role, service needs, the amount of stress experienced, nor use of group services. All caregivers expressed a need for home care services for the older person and respite for themselves. Recognition by formal service providers and some minimal help from community resources alleviated caregivers' stress. The project concluded that peer support gained through group participation was valuable, and caregivers attending group meetings were enthusiastic about being part of a caring, supportive group. These self-help groups require minimal ongoing input from the formal service system, although backup services such as counseling and advocacy should be available. Implications of these findings for theory and practice are discussed. The appendices contain statistics on participants' characteristics, lists of training sessions and media events, and about 20 references.

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